

Name
in
Full

Annie L. Alsop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Annapolis* County *A. St.* **MARYLAND**

Died at *Annapolis*

Date of death *1990* Month *Mar* Day *10* Age *7* Years Months Days

Sex *Female* Color or Race *colored* Birthplace *Annapolis*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *William Alsop* Father's Birthplace *Annapolis Md*

Mother's Maiden Name *Adeline Clay* Mother's Birthplace *St. St. Co Ma*

Name of person giving Information *William Alsop* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Capillary Bronchitis* How long *Several days*

Immediate *It is not* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John R. R. R.* Address *Annapolis Md*

Accident or Suicide



Name
in
Full

Carmilla Arnold

CERTIFICATE OF DEATH

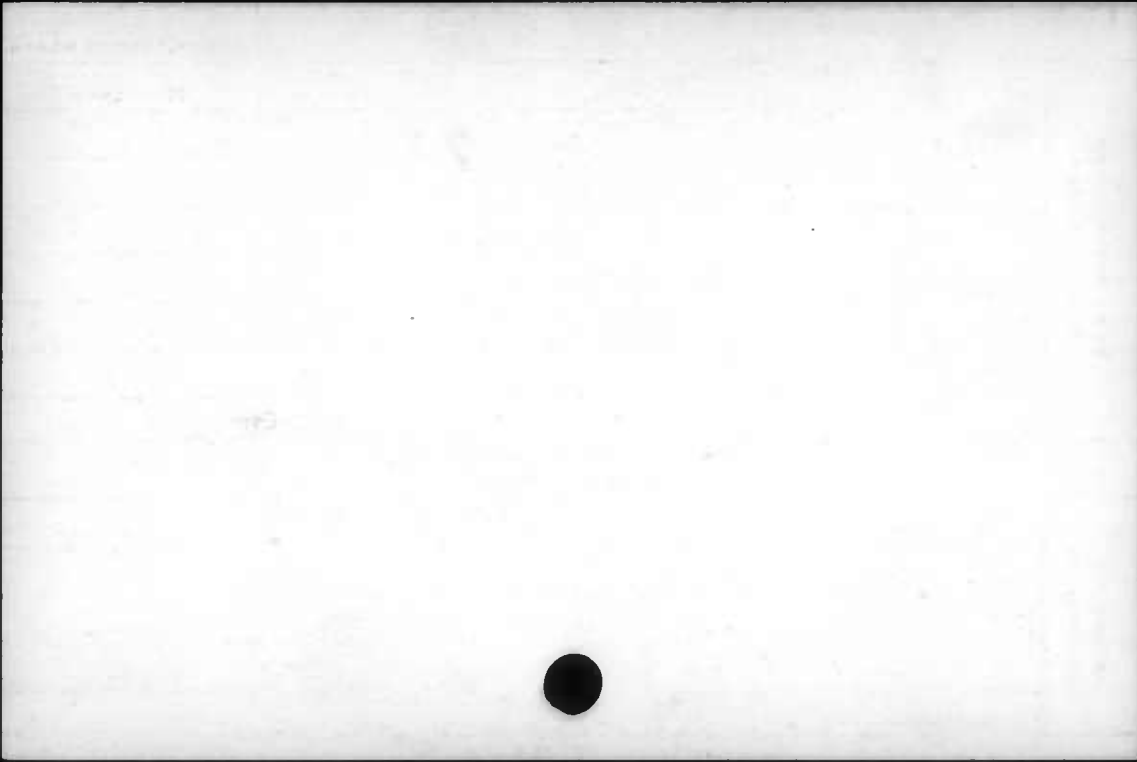
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--------------------------------|-----------|--|-------|-------------|-----------|
| Died at | | Town Masonville 7 | | County A. A. | | MARYLAND | |
| Date of death | | Month 1940 Mar | Day 14 | Age 71 | Years | Months — | Days — |
| Sex Female | | Color or Race White | | Birth-place A. A. Co. Md. | | | |
| Occupation Housewife | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Widowed | | Name of Wife or Husband Robt Arnold Sr. | | | |
| Father's Name Henry Watte | | Father's Birthplace Unknown | | | | | |
| Mother's Maiden Name Unknown | | Mother's Birthplace Unknown | | | | | |
| Name of person giving information Robert Arnold | | How related to deceased Son | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------|----------------------|-----------------|
| Primary | Carcinoma of Liver | How long | 40 ✓ Unknown |
| Immediate | Exhaustion | How long | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | J. H. B. Horton M.D. | |
| Address | | 50. Balto, Md. | |
| Resident of Baltimore | | | |



Name
in
Full

Lottie Blunt

CERTIFICATE OF DEATH

MARYLAND

Died at *Annapolis* Town *A-a-* CountyDate of death 190 *10* Month *March* Day *20* Age *17* Years Months *11* Days *8*Sex *Female* Color or Race *Colord* Birth-place *Eaotport*Occupation *School girl* Where Residing if not at place of death *227 Chester, Ave.*Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *Baalm Blunt* Father's Birthplace *West River*Mother's Maiden Name *Amelia Shaw* ✓ Mother's Birthplace *West River*Name of person giving Information *Amelia. S. Blunt* How related to deceased *Mother**Asbury Cent.*

CAUSES OF DEATH

*KREESE -*Primary *Typhoid Fever* How long *2 weeks*Immediate *Intestinal Hemorrhage* How long *20 hours*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. D. Kessie
60 Cathedral St.
Annapolis Md

Accident or Suicide

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward Brookes

CERTIFICATE OF DEATH

Died at Smithville Anne Arundel MARYLAND

Date of death 1900 Month 10 Day 6 Age 18 Years Months Days

Sex Male Color or Race Colored Birth-place A. A. Co.

Occupation School boy Where Residing if not at place of death Smithville

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Rott Brooks Father's Birthplace P. G. Co.

Mother's Maiden Name Rutha Bradford Mother's Birthplace A. A. Co.

Name of person giving Information Rott Brooks How related to deceased father

CAUSES OF DEATH

8

Primary Pertussis Pneumonia Several weeks How long ✓

Immediate Exhaustion Gradual How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Ridout
Annapolis
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|---------------------------------|--|----------------|--|
| Name in Full <i>Janette Brown</i> | | Town <i>Annapolis Md</i> | | County <i>A. A. Co</i> | | MARYLAND | |
| Died at <i>Annapolis Md</i> | | Month <i>March</i> | | Day <i>22</i> | | Years <i>—</i> | |
| Date of death 19 <i>10</i> | | Age <i>—</i> | | Months <i>2</i> | | Days <i>—</i> | |
| Sex <i>female</i> | | Color or Race <i>colored</i> | | Birth-place <i>Annapolis Md</i> | | | |
| Occupation <i>—</i> | | Where Residing if not at place of death <i>2 Fiddings Court</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Cligia Brown</i> | | Father's Birthplace <i>Severn Md</i> | | | | | |
| Mother's Maiden Name <i>Mary Marchel</i> | | Mother's Birthplace <i>Severn Md</i> | | | | | |
| Name of person giving Information <i>Mary Brown</i> | | How related to deceased <i>mother</i> | | | | | |
| CAUSES OF DEATH | | | | | | | |

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Whooping Cough</i> | How long <i>3 1/2 weeks</i> |
| Immediate <i>Apnoea</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Dr. S. Welch Health Officer</i> |
| | Address <i>Annapolis</i> |
| Accident or Suicide <i>—</i> | |



Name
in
Full

Sarah Jane. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis Town A - A - County MARYLAND

Date of death 196 Month March Day 25 Age 1 Years 7 Months - Days -

Sex Female Color or Race Colord Birth-place annapolis

Occupation - Where Residing if not at place of death 10 Shaw St.

Married, Single or Widowed Single Name of Wife or Husband -

Father's Name John W. Brown

Father's Birthplace annapolis

Mother's Maiden Name Rachel Brown.

Mother's Birthplace annapolis

Name of person giving Information John W. Brown.

How related to deceased Father

Asbury Cmtl.

CAUSES OF DEATH

Primary Infection

How long 34

Immediate Tuberculosis of hip

How long 4 mos.

Are the name, age, sex, color, date and piece correctly given above? Yes

Signature of Physician S S Hefburn

Address Annapolis

Accident or Suicide md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|---|--|---|--|--|--|---------------|--|----------------|--|
| Died at <i>Annapolis</i> | | Town | | <i>Anne Arundel</i> | | County | | MARYLAND | |
| Date of death 19 <i>40</i> | | Month <i>March</i> | | Day <i>6</i> | | Age <i>72</i> | | Years <i>9</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birthplace <i>Germany</i> | | | | | |
| Occupation <i>Boat Builder</i> | | | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Mary Brown</i> | | | | | | | |
| Father's Name <i>Unknown</i> | | Fether's Birthplace <i>Germany</i> | | | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Germany</i> | | | | | | | |
| Name of person giving Information <i>Wm H Brown</i> | | How related to deceased <i>Son</i> | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Accidental fall at fire</i> | | How long <i>466</i> | |
| Immediate <i>Concussion of Brain</i> | | How long <i>1 hour</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>J. S. Welch</i> | |
| Accident or Suicide <i>Accident</i> | | Address <i>Annapolis</i> | |



Name
in
FullNicholas Northington Bryan
A. A. Co

CERTIFICATE OF DEATH

MARYLAND

Died at

Annapolis

Town

County

Date

of death

1910 March 27

Month

Day

Age

58

Years

7

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Annapolis

Occupation

Clerk

Where Residing if not
at place of death

Married, Single

~~or Widowed~~Name of Wife or
Husband

Lottie C. Bryan

Father's
Name

William H. Bryan

Father's
Birthplace

Kent Island Ind.

Mother's
Maiden Name

Rebecca F. Cassaway

Mother's
Birthplace

Annapolis Ind.

Name of person giving
Information

A. H. Bryan

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 or 4 yrs.

Immediate

Asthma

How long

3 or 4 wks.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

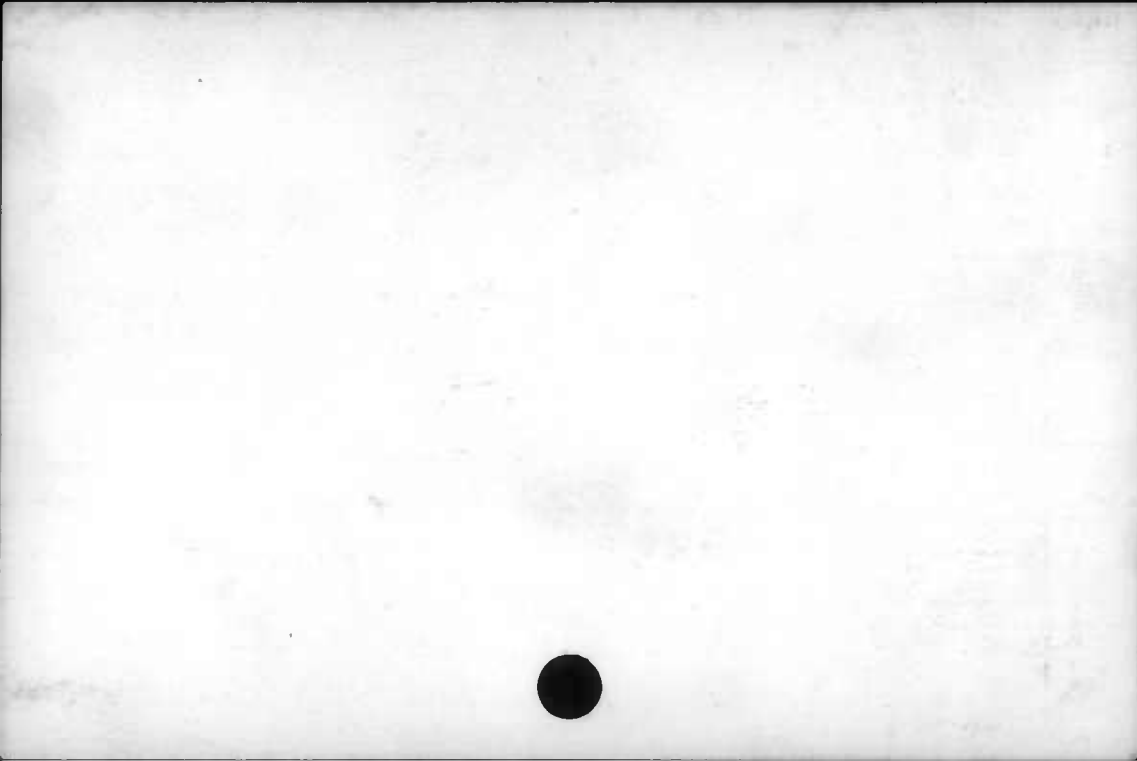
Address

William Purvis,
Annapolis
Ind.

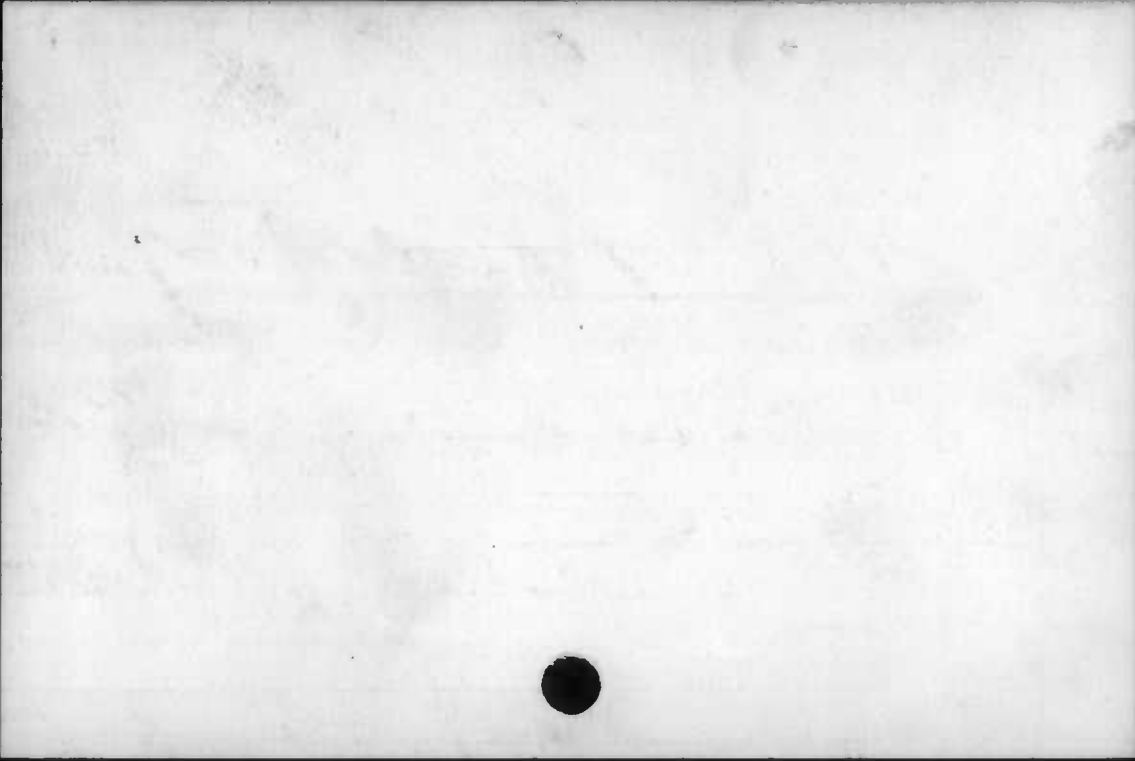
Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



| | | | |
|---|---|---|--|
| Name in Full Ada Burke | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at Shady Side <small>Town</small> | | Anne Arundel <small>County</small> |
| | Date of death 1940 <small>Year</small> March <small>Month</small> 8 <small>Day</small> | | 5 <small>Years</small> 3 <small>Months</small> 15 <small>Days</small> |
| | Sex Female | Color or Race Colored | Birth-place Maryland |
| | Occupation | | Where Residing if not at place of death |
| | Married, Single or Widowed | Name of Wife or Husband | |
| | Father's Name John Burke | Father's Birthplace West River Md. | |
| | Mother's Maiden Name Annie P. Freeland | Mother's Birthplace West River Md. | |
| Name of person giving information Annie P. Burke | | How related to deceased Mother | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary Typhoid Pneumonia | | How long 11 days |
| | Immediate La Grippe | | How long 14 days |
| | Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Wm. Hill M.D. |
| | | | Address Shady Side |
| | | | A.A. Co. Md. |
| Accident or Suicide? | | | |



Name
in
Full

Edward L. Carter

CERTIFICATE OF DEATH

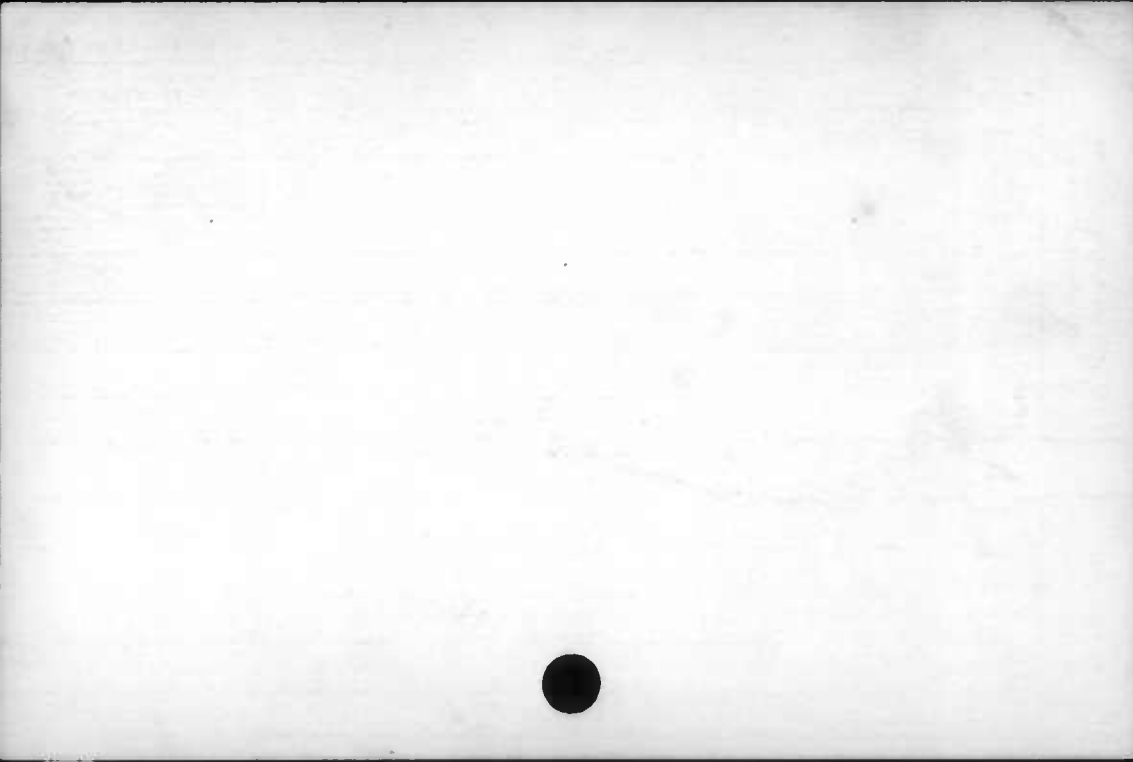
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|---------------------------------|--|-----------------|--|
| Died at <i>Bert Gate</i> | | Town <i>A. A.</i> | | County | | MARYLAND | |
| Date of death <i>1960</i> | | Month <i>Mar.</i> | | Day <i>15</i> | | Years <i>33</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Baltimore Md</i> | | Months <i>—</i> | |
| Occupation <i>Dairyman</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Gertrude E. Carter</i> | | | | | |
| Father's Name <i>George Carter</i> | | Father's Birthplace <i>Ireland</i> | | | | | |
| Mother's Maiden Name <i>Ann Demming</i> | | Mother's Birthplace <i>New York</i> | | | | | |
| Name of person giving Information <i>Michael Carter</i> | | How related to deceased <i>Brother</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|--|------------------------|
| Primary <i>apoplexy</i> | 64 ✓ | How long <i>4 hrs.</i> |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>H. B. Gault M.D.</i> | |
| | Address <i>Baltimore</i> | |
| Accident or Suicide | | |



Name
in
Full

Laura Ann Catterton

CERTIFICATE OF DEATH

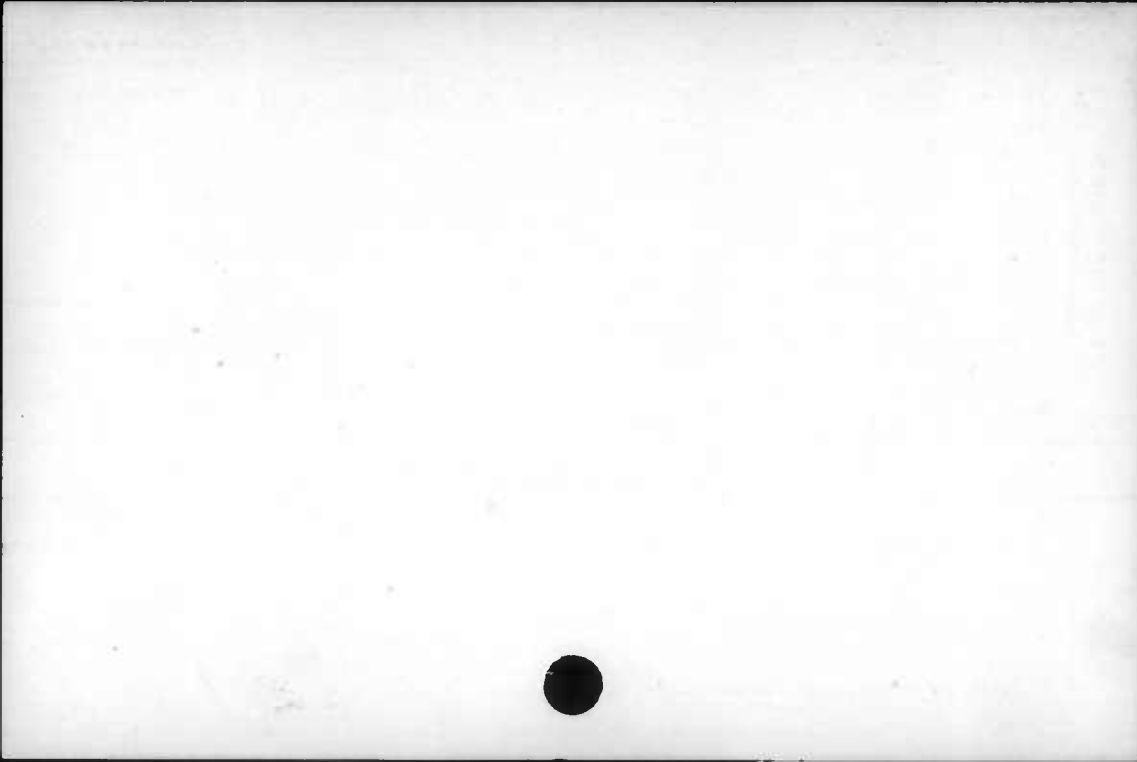
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|--|------------------------|--|----------------|
| Died at <i>McKendree</i> ^{Town} | | County <i>Anne Arundel</i> | | MARYLAND | |
| Date of death <i>1980</i> | Month <i>Mar</i> | Day <i>6</i> | Age <i>5-5</i> | Months <i>5</i> | Days <i>17</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Md.</i> | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>-</i> | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>John William Catterton</i> | | | | |
| Father's Name <i>Malachi Catterton</i> | Father's Birthplace <i>Md.</i> | | | | |
| Mother's Maiden Name <i>Drusilla Fowler</i> | Mother's Birthplace <i>Md.</i> | | | | |
| Names of person giving Information <i>John W. Catterton</i> | | | <i>(21)</i> | How related to deceased <i>Husband</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>8 years</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signatures of Physician <i>A. N. Perrie</i> |
| | Address <i>McKendree, Md.</i> |
| Accident or Suicide | |



Name
in
Full

Roseth Cephus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|--|------------------------------|---------------|--|---|-----------------|--------|--|----------|--|
| Died at <i>Jacobsville</i> | | Town | | <i>Anne Arundel</i> | | County | | MARYLAND | |
| Date of death <i>1960</i> | Month <i>Mar</i> | Day <i>12</i> | Age <i>2</i> | Years | Months <i>5</i> | Days | | | |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>Anne Arundel Co.</i> | | | | | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | | | | | |
| Married, Single or Widowed <i>Single</i> | | | Name of Wife or Husband <i>—</i> | | | | | | |
| Father's Name <i>Joseph Cephus</i> | | | | Father's Birthplace <i>Anne Arundel Co.</i> | | | | | |
| Mother's Maiden Name <i>Henrietta Richards</i> | | | | Mother's Birthplace <i>Anne Arundel Co.</i> | | | | | |
| Name of person giving Information <i>Columbus Kerr</i> | | | | How related to deceased <i>Friend</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|--------------------------------|---|
| Primary | <i>Intestinal Tuberculosis</i> | How long <i>2 months</i> |
| Immediate | <i>Exhaustion</i> | How long <i>Immediate</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>James P. Billingsley M.D.</i> |
| | | Address <i>Elrator Md.</i> |
| Accident or Suicide <i>No</i> | | |



Name
in
Full

Robert Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--------------------------|----------------------------|-------------------------|-----------------------|------------------------|
| Died at <i>Town</i> Fairfield | | <i>County</i> A. A. | | MARYLAND | |
| Date of death | <i>Month</i> 1910 | <i>Day</i> 28 | Age | <i>Years</i> — | <i>Months</i> 3 |
| Sex | <i>Male</i> | | Color or Race | <i>Black</i> | |
| Occupation | | | Birth-place | <i>Fairfield, Md</i> | |
| Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | | | <i>John Chase</i> | | |
| Mother's Maiden Name | | | <i>Lillie Bell</i> | | |
| Name of person giving information | | | <i>John Chase</i> | | |
| Father's Birthplace | | | <i>Md</i> | | |
| Mother's Birthplace | | | <i>Md</i> | | |
| How related to deceased | | | <i>Father</i> | | |

CAUSES OF DEATH

| | | | |
|--|-----------------------|--------------------------------|-------------------------|
| Primary | <i>Whooping Cough</i> | How long | <i>8</i> <i>Unknown</i> |
| Immediate | <i>Pneumonia</i> | How long | <i>Unknown</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | <i>John C. Potter, Coroner</i> | |
| | | Address | |
| | | <i>Brooklyn</i> | |
| | | <i>A. A. C. Md</i> | |
| Accident or Suicide? | | | |



Name
In
Full

Leslie Chew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|----------------------------------|--|-------------------|------|
| Died at <u>Jessup</u> Town | | County | | MARYLAND | |
| Date of death 19 <u>00</u> | Month <u>3</u> | Day <u>13</u> | Age <u>—</u> Years | Months <u>one</u> | Days |
| Sex <u>Female</u> | Color or Race <u>Colored</u> | | Birth-place <u>Jessup Ind.</u> | | |
| Occupation <u>—</u> | | | Where Residing if not at place of death <u>—</u> | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Stephen Chew</u> | | | Father's Birthplace <u>Ind</u> | | |
| Mother's Maiden Name <u>Susan Siscoe</u> | | | Mother's Birthplace <u>Ind</u> | | |
| Name of person giving information <u>J. A. Green</u> | | | How related to deceased <u>Uncle</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|----------------------------|---|
| Primary | <u>Hereditary Syphilis</u> | How long <u>one month</u> |
| Immediate | <u>General Sepsis</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>yes</u> | Signature of Physician <u>R. J. Hammond</u> |
| | | Address <u>Jessup, Ind.</u> |
| Accident or Suicide? | <u>no</u> | |



Name
in
Full

Wheatly Howard Knudsen Christensen

CERTIFICATE OF DEATH

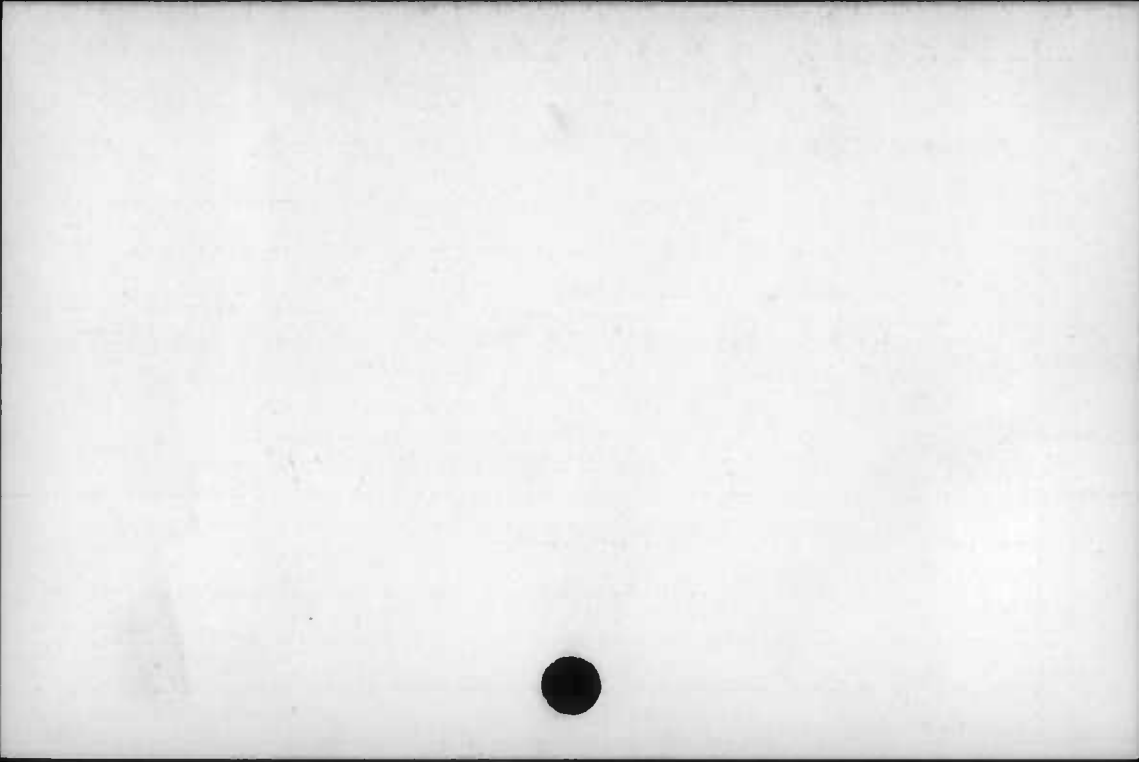
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|---------------------------------------|---------------------------------|----------------|--------------|
| Died at <i>Eastport</i> ^{Town} | | <i>Anne Arundel</i> ^{County} | | MARYLAND | |
| Date of death | <i>1900</i> | Month <i>March</i> | Day <i>26</i> | Years <i>2</i> | Age <i>3</i> |
| Sex <i>M</i> | Color or Race <i>White</i> | | Birth-place <i>Eastport Me.</i> | | |
| Occupation <i>Infant</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Christian Christensen</i> | Father's Birthplace <i>Denmark</i> | | | | |
| Mother's Maiden Name <i>Dorothy Wheeler</i> | Mother's Birthplace <i>Ann of his Ind</i> | | | | |
| Name of person giving information <i>Rose Parkinson</i> | How related to deceased <i>Grandmother</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Central Meningitis</i> | How long <i>work on</i> |
| Immediate <i>"</i> | How long <i>"</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>William Purvis</i> |
| | Address <i>Annapolis Md.</i> |
| Accident or Suicide? <i>no</i> | |



Name
in
Full

CERTIFICATE OF DEATH

Alice P. Clanton

Town

County

MARYLAND

Died at *Fairfield*

aa-

Date

Month

Day

Years

Months

Days

of death 19*10* *March*

24

Age

-

6

Sex

Female

Color or
Race

White

Birth-
place

Fairfield Md

Occupation

-

Where Residing if not
at place of death

-

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

Hilliard Clanton

Father's
Birthplace

N.C.

Mother's
Maiden Name

Ira Mitchell

Mother's
Birthplace

Washington D.C.

Name of person giving
Information

Hilliard Clanton

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Exhaustion

How long

one day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos. B. Horton

Address

So. Balto, Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

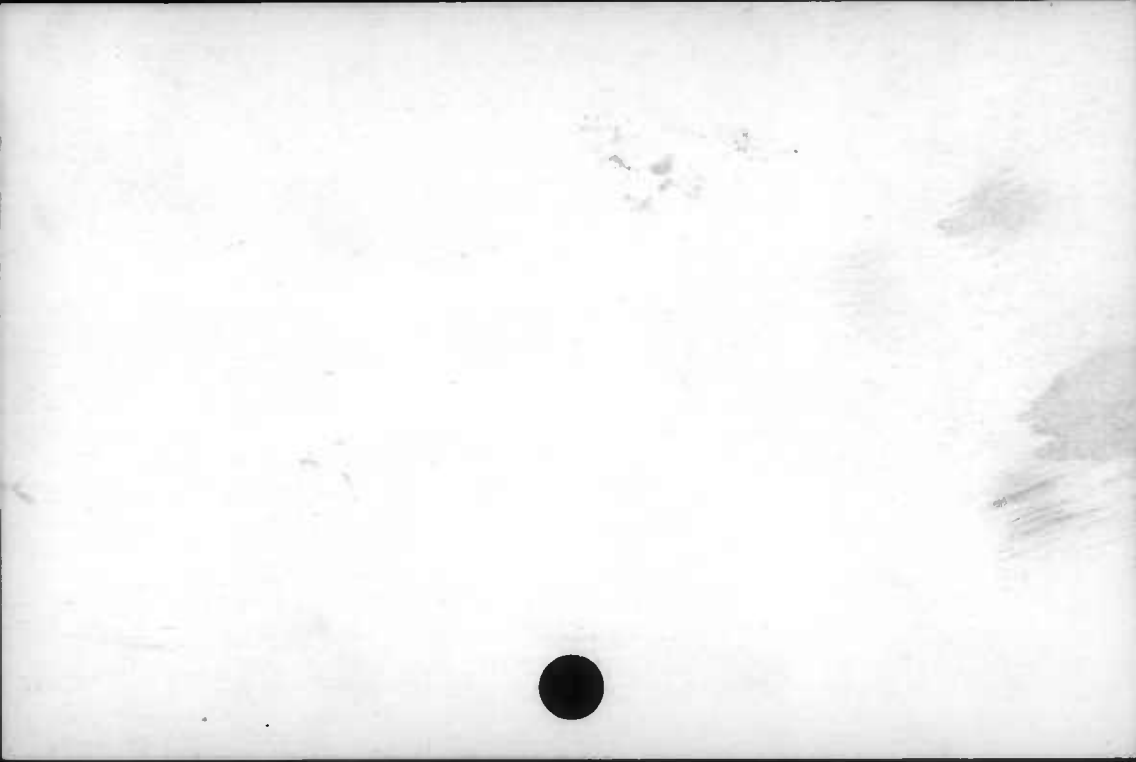
Joseph Corner
Died at Camp Parole Anne Arundel MARYLAND
Town County
Date of death 1940 March 13 Age 18 6
Month Years Months Days
Sex Male Color or Race Colored Birth-place Parole
Occupation _____ Where Residing if not at place of death Camp Parole

Infant Married, Single or Widowed Name of Wife or Husband
Father's Name William Corner Father's Birthplace A. Aeo.
Mother's Maiden Name Maggie Wynn Mother's Birthplace A. Aeo.
Name of person giving Information William Corner How related to deceased father

CAUSES OF DEATH

Primary Broncho-Pneumonia How long 16 days
Immediate 2 hemorrhages How long 48 hours
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician P. D. Jones
no Address 606 E. Main St. of Annaboth rd
Accident or Suicide no

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Robert F. Conner

Town

Churchton

County

A.A.

MARYLAND

Died at

Date

of death

1940

Mar.

Day

25

Age

42

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Reaiding if not
at place of deethMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary L. Trivings

Father's
Name

Richard T. Conner

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Franklin

Mother's
Birthplace

Md

Name of person giving
Information

Mary L. Conner

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Typhoid fever

How long

23 days

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Address

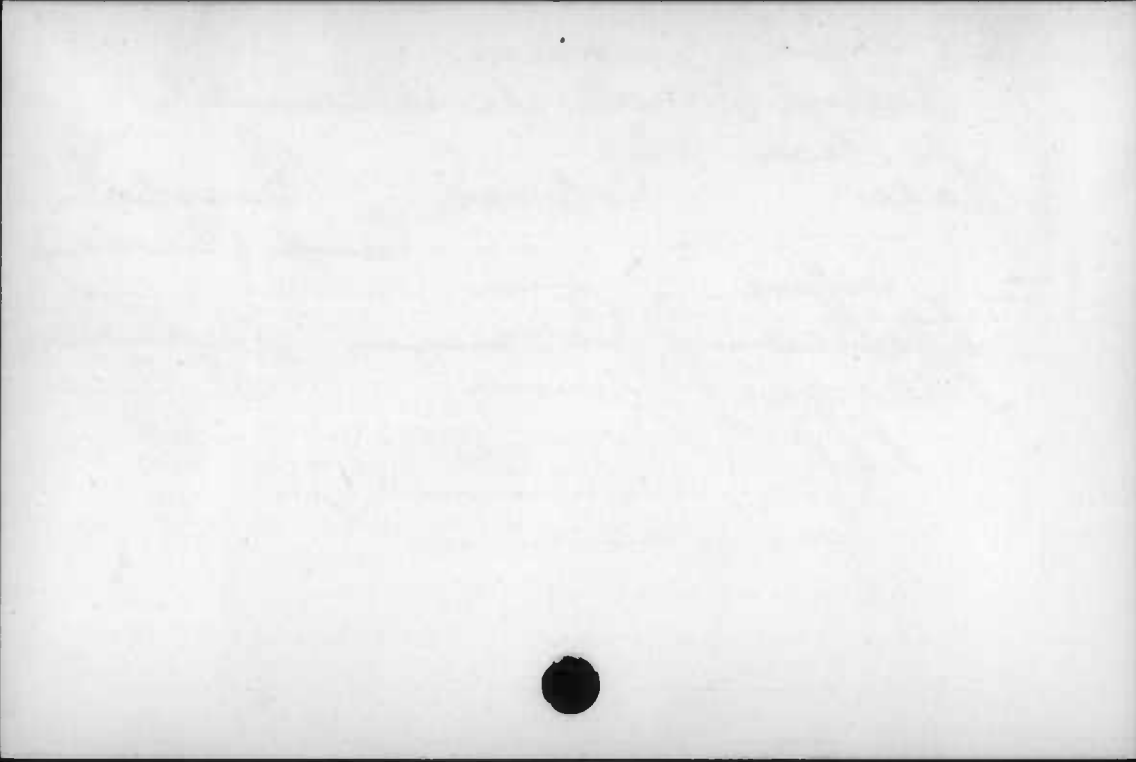
Geo. F. Dent
Churchton

Accident or Suicide

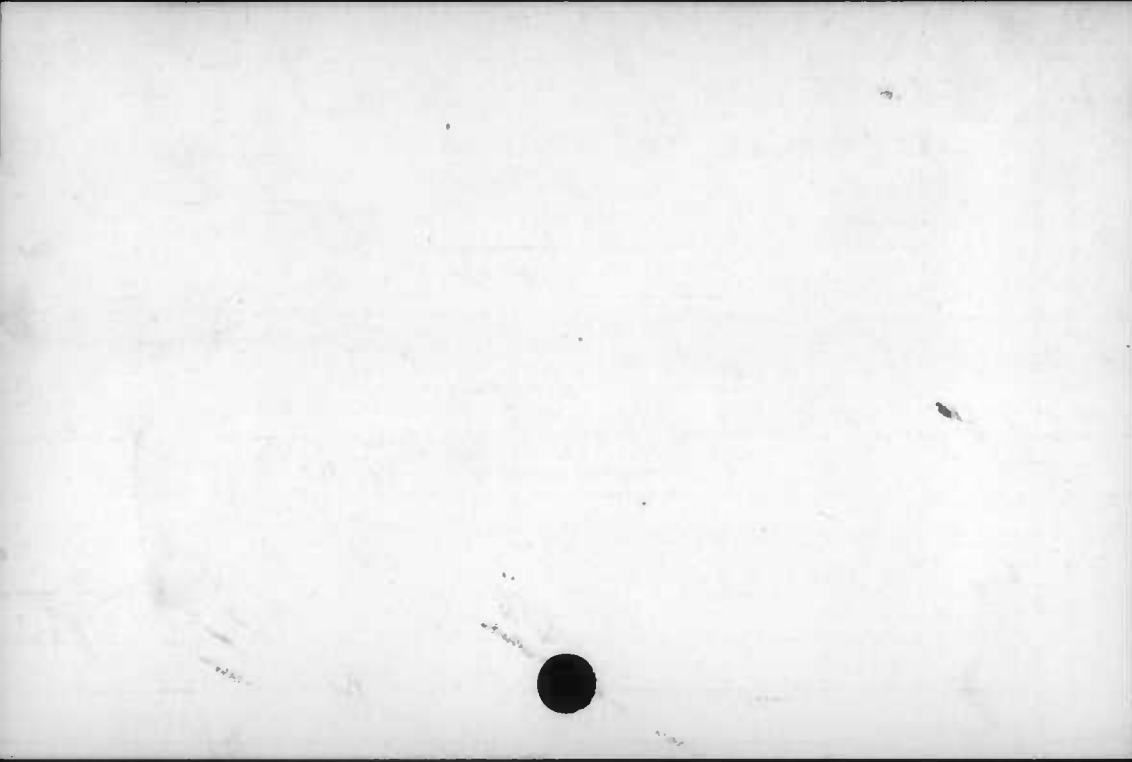
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



| | | | | | | | |
|-------------------------------------|--|--|--|-------------------------|--|---|--|
| Name in Full | | Thomas Connor | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town Churchton | | County A. A. | |
| | | Date of death | | 1940 Mar. 10 | | Age | |
| | | Sex | | male | | Color or Race | |
| | | Occupation | | oysterman | | Birth-place | |
| | | Married, Single or Widowed | | married | | Where Residing if not at place of death | |
| | | Father's Name | | Richard J. Connor | | Father's Birthplace | |
| Mother's Maiden Name | | Elizabeth Franklin | | Mother's Birthplace | | A. A. Co. Md. | |
| Name of person giving information | | Robert Connor | | How related to deceased | | Brother | |
| | | CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Typhoid fever. | | How long | |
| | | Immediate | | Hypostatic pneumonia | | How long | |
| | | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | |
| | | | | | | Address | |
| Accident or Suicide? | | - | | Churcheon | | | |



| | | | | | | | |
|---|--|--|--|-------------------------|--|------------------------|--|
| Name in Full | | Francis Joseph Coyne | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town | | County | |
| | | East Brooklyn | | Md. | | MARYLAND | |
| | | Date of death | | Month | | Day | |
| | | 1910 Mch | | 25 | | Age | |
| | | 3 | | 18 | | Months | |
| Sex | | Male | | Color or Race | | white | |
| Occupation | | | | Birth-place | | East Brooklyn, Md. | |
| Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name | | William Joseph Coyne | | Father's Birthplace | | Balto, Md. | |
| Mother's Maiden Name | | Elizabeth Grosocyn | | Mother's Birthplace | | Balto, Md. | |
| Name of person giving information | | William Joseph Coyne | | How related to deceased | | Father | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Marasmus | | How long | |
| | | Immediate | | Exhaustion | | 3 days | |
| | | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | |
| Address | | J. B. Horton, Jr. | | Address | | 501 Balto, Md. | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|----------------------------------|--|------------------|--|
| Name in Full <i>Michael Dimplo</i> | | Town <i>Milham</i> | | County <i>A A</i> | | MARYLAND | |
| Died at <i>Milham</i> | | Month <i>March</i> | | Day <i>3</i> | | Age <i>63</i> | |
| Date of death <i>1910</i> | | Months | | Years | | Days | |
| Sex <i>male</i> | | Color or Race <i>African</i> | | Birth-place <i>S Carolina</i> | | | |
| Occupation <i>laborer</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>widowed</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>—</i> | | Father's Birthplace <i>—</i> | | | | | |
| Mother's Maiden Name <i>—</i> | | Mother's Birthplace <i>—</i> | | | | | |
| Name of person giving information <i>Henry Dimplo</i> | | How related to deceased <i>Son</i> | | <i>(let me)</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary | How long <i>let me</i> |
| Immediate <i>Cerebral hemorrhage</i> | How long <i>1 hour</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thomas H. Grayson</i> |
| | Address <i>Seaside</i> |
| Accident or Suicide? | |



Name
in
Full

Katherine Lunn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at South River ^{Town} Anne Arundel ^{County} **MARYLAND**

Date of death 1940 ^{Month} March ^{Day} 8th ^{Years} Age 70 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Annapolis

Occupation None Where Residing if not at place of death County Home

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Owings Lewis How related to deceased No relation

CAUSES OF DEATH

74 ✓

PHYSICIAN
OR CORONER

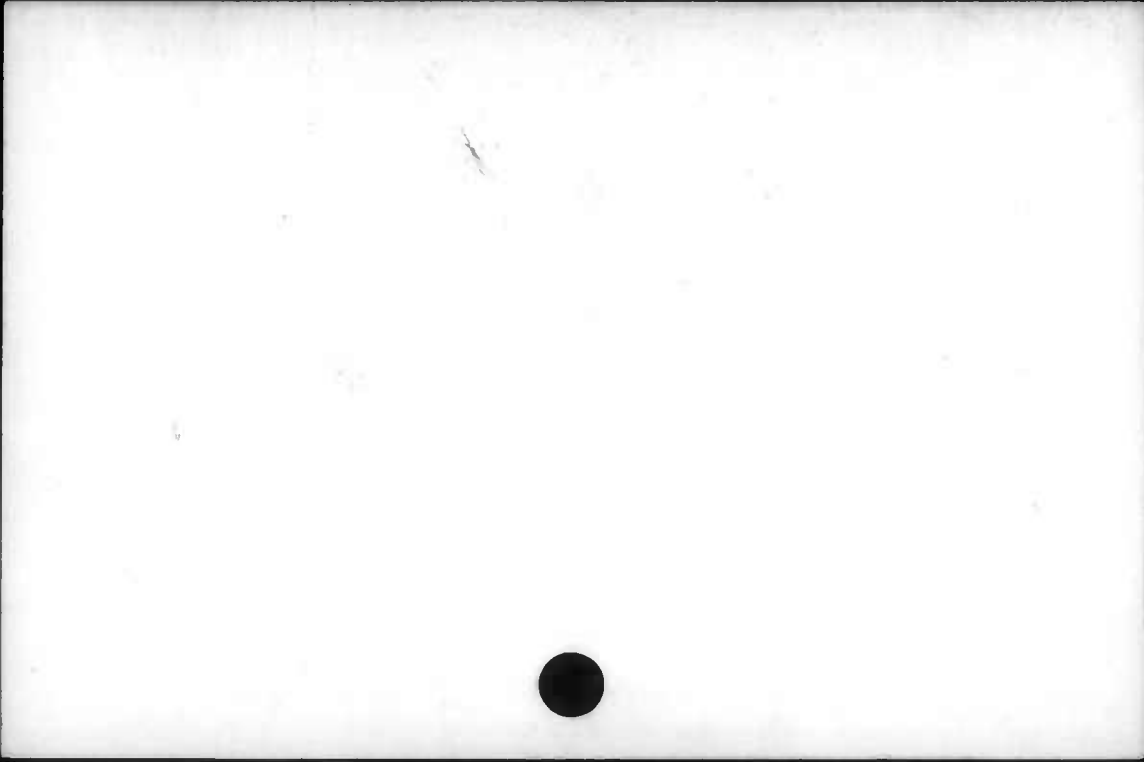
Primary Nervous prostration How long 4 months

Immediate Exhaustion How long

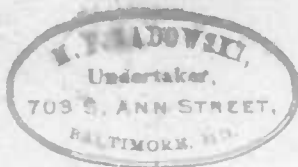
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John Collinson

Address South River Md.

Accident or Suicide



| Name in Full | | Certificate of Death | | | |
|---|--|--|--|--|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <u>Curtis Bay</u> <small>Town</small> | | <u>A. A. County</u> <small>County</small> | |
| | | Date of death <u>1960 March 24</u> <small>Month Day</small> | | <u>1</u> <small>Years</small> | |
| | | <u>Female</u> <small>Sex</small> | | <u>White</u> <small>Color or Race</small> | |
| | | <u>-</u> <small>Occupation</small> | | <u>Balto City</u> <small>Birth-place</small> | |
| | | <u>-</u> <small>Where Residing if not at place of death</small> | | <u>15 Locust St Curtis Bay</u> | |
| | | <u>Single</u> <small>Married, Single or Widowed</small> | | <u>-</u> <small>Name of Wife or Husband</small> | |
| | | <u>Joseph Durdella</u> <small>Father's Name</small> | | <u>Austria</u> <small>Father's Birthplace</small> | |
| <u>Michaelina Dudzinska</u> <small>Mother's Maiden Name</small> | | <u>Balto City</u> <small>Mother's Birthplace</small> | | | |
| <u>Joseph Durdella</u> <small>Name of person giving information</small> | | <u>father</u> <small>How related to deceased</small> | | | |
| | | CAUSES OF DEATH | | (8) ² | |
| PHYSICIAN OR CORONER | | Primary <u>Whooping cough</u> | | <u>4 weeks</u> <small>How long</small> | |
| | | Immediate <u>Capillary bronchitis</u> | | <u>19 days</u> <small>How long</small> | |
| | | <u>yes</u> <small>Are the name, age, sex, color, date and place correctly given above?</small> | | <u>Skahn, M.D.</u> <small>Signature of Physician</small> | |
| | | <u>-</u> <small>Address</small> | | <u>1823 W. North Av. Balto, Md</u> | |
| <u>H</u> <small>Accident or Suicide?</small> | | | | | |



MAR 25 1910

Name
in
Full

Annie Kendall Durrell.

CERTIFICATE OF DEATH

Town

County

Died at Naval Academy Annapolis Md.

MARYLAND

Date

of death 1900

Month

March

Day

11th

Years

Age 46.

Months

3

Days

19

Sex

Female

Color or
Race

White

Birth
place

Chicago Mass.

Occupation

House-wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandEdward Harry Durrell
Annie Kendall Durrell.Father's
Name

Edward A. Kendall

Father's
Birthplace

Hudson Mass

Mother's
Maiden Name

Matilda A. Cooley

Mother's
Birthplace

New York N.Y.

Name of person giving
Information

E. H. Durrell.

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid fever

How long

Four days

Immediate

Typhoid fever with renal complications

How long

Four days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. T. Nuttall Surgeon

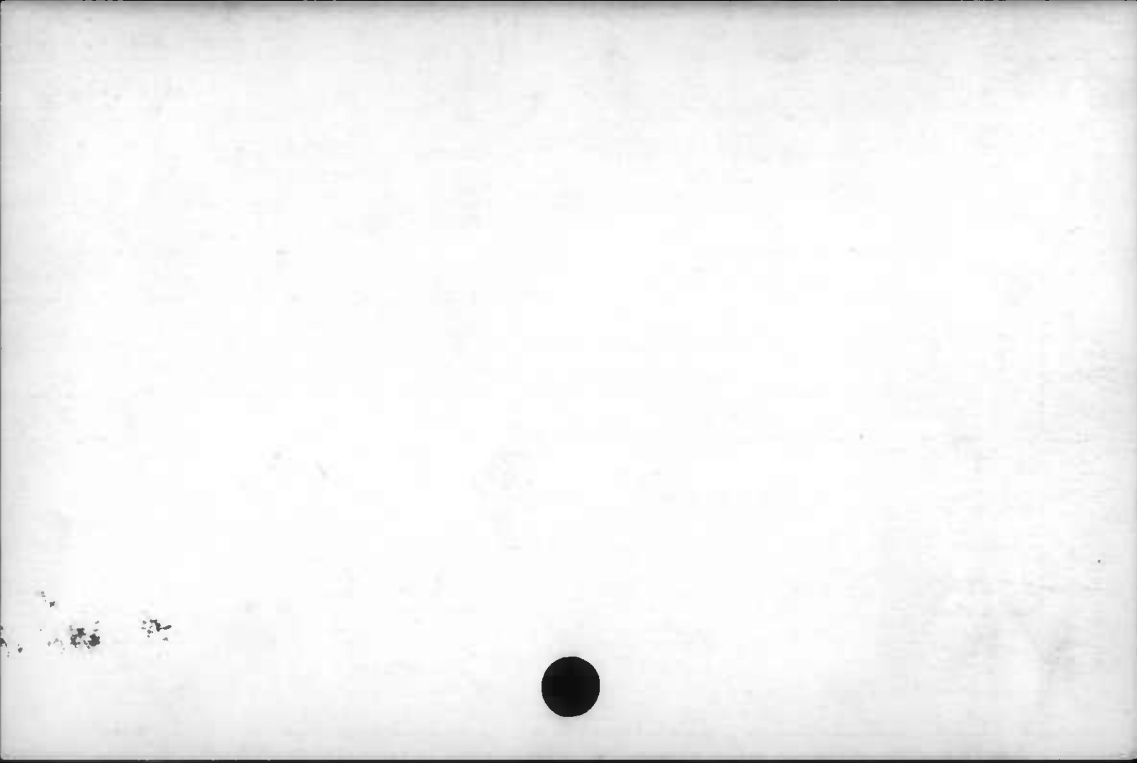
Address

Naval Academy
Annapolis Md.

Accident or Suicide

7

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Amiel Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9x

Died at Sallups Town

aa County

MARYLAND

Date of death 1900 March

Day 24

Age 52

Months

Days

Sex male

Color or
Race

white

Birth-
place

Occupation

farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Lucretia Johnson

Father's
Name

Don't know

Father's
BirthplaceMother's
Maiden Name

Don't know

Mother's
BirthplaceName of person giving
In formation

Lucretia Johnson

How related
to deceased

wife

CAUSES OF DEATH

Primary

How long

Immediate

Acute Enteric fever

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

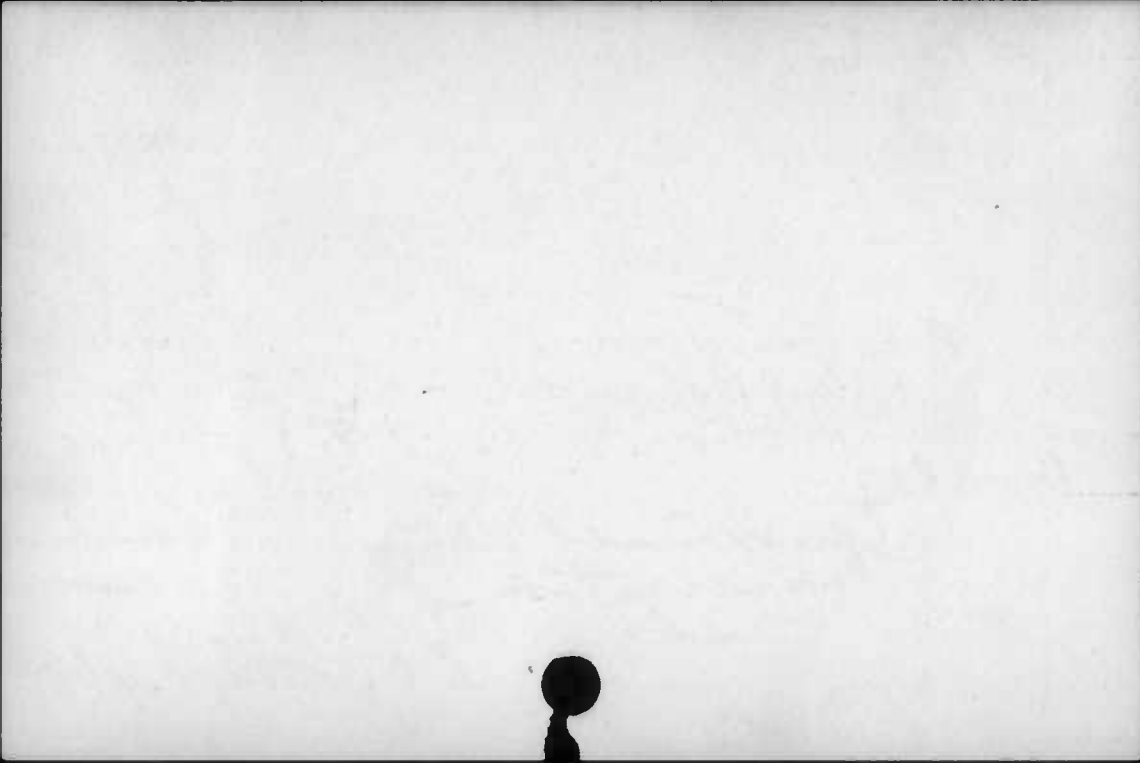
Thomson H. Mayhew

yes

Accident or Suicide?

PHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Infant Ford.* Town *Annapolis* County *a-a-*
Died *190* Month *March* Day *8* Age *—* Months *—* Days *1*
Date of death *190*
Sex *Female.* Color or Race *Colord* Birthplace *Annapolis*
Occupation *—* Where Residing if not at place of death *20 College Ave--.*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Robert L. Ford* Father's Birthplace *Charlottesville N.C.*
Mother's Maiden Name *Minnie B. Hyman* Mother's Birthplace *Columbus S.C.*
Name of person giving Information *Robert L. Ford.* How related to deceased *Father.*
Bosworth.

CAUSES OF DEATH

Primary *Conventional debility* How long *7 hours.*
Exhaustion How long *7 hours*
Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. P. Keene*
Address *60 Cathedral St*
Annapolis Md
Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

Agnes Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Greensock Town Anne Arundel County MARYLAND

Date of death 1990 Month March Day 3 Age 44 Years Months Days

Sex Female Color or Race White Birth-place Md.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband William Gibson

Father's Name William Wood Father's Birthplace Md

Mother's Maiden Name Ruth Hooper Mother's Birthplace Md

Name of person giving Information Betty Catton How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia How long 8 days

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. H. Perrie

Address McKendree Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Gross
Died at Annapolis Town Anne Arundel County MARYLAND
Date of death 1940 Month Dec Day 14 Age 2 Years 2 Months 2 Days 2
Sex Male Color or Race Colored Birth-place Annapolis
Occupation _____ Where Residing if not at place of death 38 Cathedral

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Henry Gross Father's Birthplace A.A.C. Md
Mother's Maiden Name May Boston Mother's Birthplace A.A.C. Md
Name of person giving information Charles Henry Gross How related to deceased father

CAUSES OF DEATH

151

Primary congenital Debility How long Since Birth
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Ridout, Md
Annapolis
Md

Accident or Suicide



Name
in
Full

Mathias E Harris

CERTIFICATE OF DEATH

ft

Died at *Galloways* Town *a* County *a*

MARYLAND

Date of death 19*10* Month *March* Day *4* Age *h* Years Months *8* Days

Sex *Female* Color or Race *color* Birth-place *a a boma*

Occupation *—* Where Residing if not at place of death *Galloways*

Married, Single or Widowed *—* Name of Wife or Husband *Nathian Harris*

Father's Name *Nathian Harris* Father's Birthplace *Calvert Co*

Mother's Maiden Name *Nannie Jammy* Mother's Birthplace *Calvert Co*

Name of person giving Information *Nathian Harris* How related to deceased *father*

CAUSES OF DEATH

(8)

Primary *Pertussis* How long *2 months*

Immediate *Respiratory failure* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

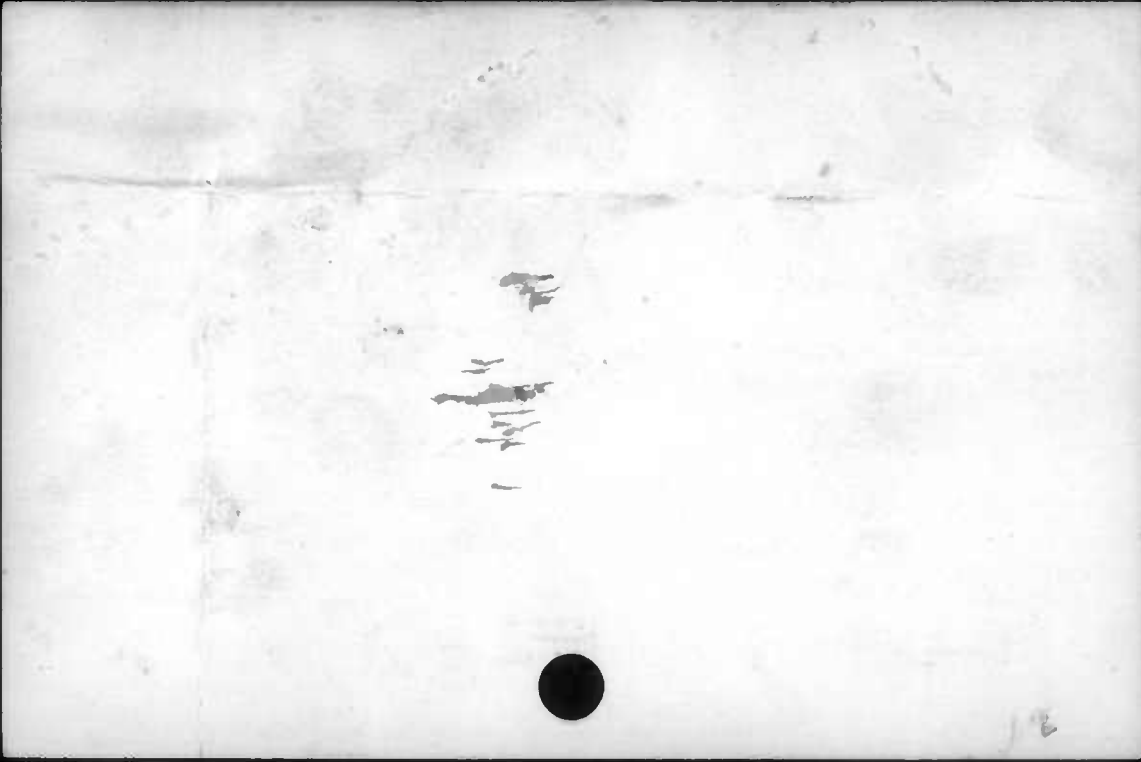
Signature of Physician

Address

Accident or Suicide *mother* *McLeod MD*
West River MD

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

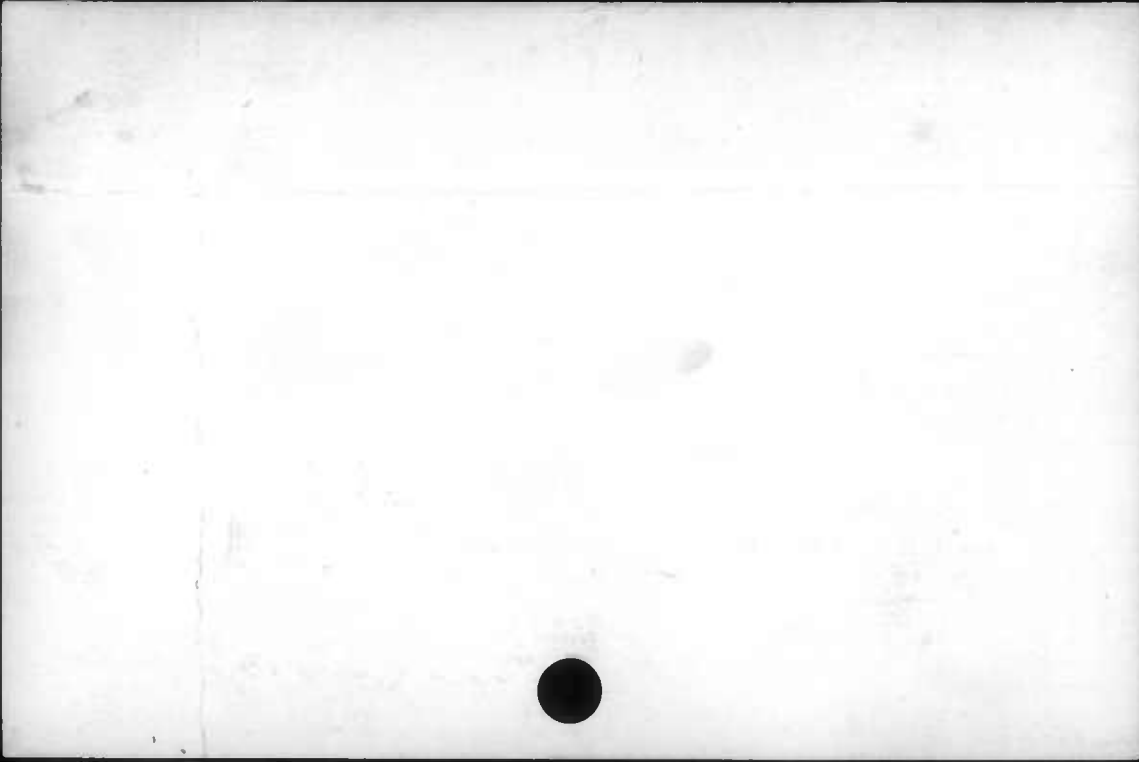
Name *Mary E. Harrod* Town *Harwood* County *Anne Arundel*
Died at *Harwood* 16 *Anne Arundel* MARYLAND
Date of death 1900 *March* 16 Age *3* Months *3* Days
Sex *Female* Color or Race *Caucoid* Birth-place *O. G. Co. Md*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Lawrence Harrod* Father's Birthplace *Calvert Co, Md*
Mother's Maiden Name *Michael Selbman* Mother's Birthplace *Q. G. Co, Md*
Name of person giving Information *Lawrence Harrod* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pertussis* How long *2 weeks*
Immediate *Respiratory failure* How long *a few days*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *William Harrod M.D.*
Address *North River Md*
Accident or Suicide ☒

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|-------------------|-------------------------|--|--|-------------------|----------------------------|------------------|
| Died at | | Town <i>Brooklyn</i> | | County <i>an</i> | | MARYLAND | |
| Date of death | 19 <i>00</i> | Month <i>3</i> | Day <i>12</i> | Age <i>—</i> | Years <i>—</i> | Months <i>—</i> | Days <i>—</i> |
| Sex | <i>Male</i> | | Color or Race | <i>Col</i> | | Birth- place | <i>M. a</i> |
| Occupation | <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed | <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name | <i>Jas Nicols</i> | | | | | Father's Birthplace | <i>M. a</i> |
| Mother's Maiden Name | <i>Mary Borer</i> | | | | | Mother's Birthplace | <i>M. a</i> |
| Name of person giving In formation | <i>Jas Nicols</i> | | | | | How related to deceased | <i>father</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|------------------|--|
| Primary | <i>Slue Bore</i> | How long <i>—</i> |
| Immediate | <i>—</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician <i>Chas B Borer</i> |
| | | Address <i>Brooklyn</i> |
| Accident or Suicide? | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

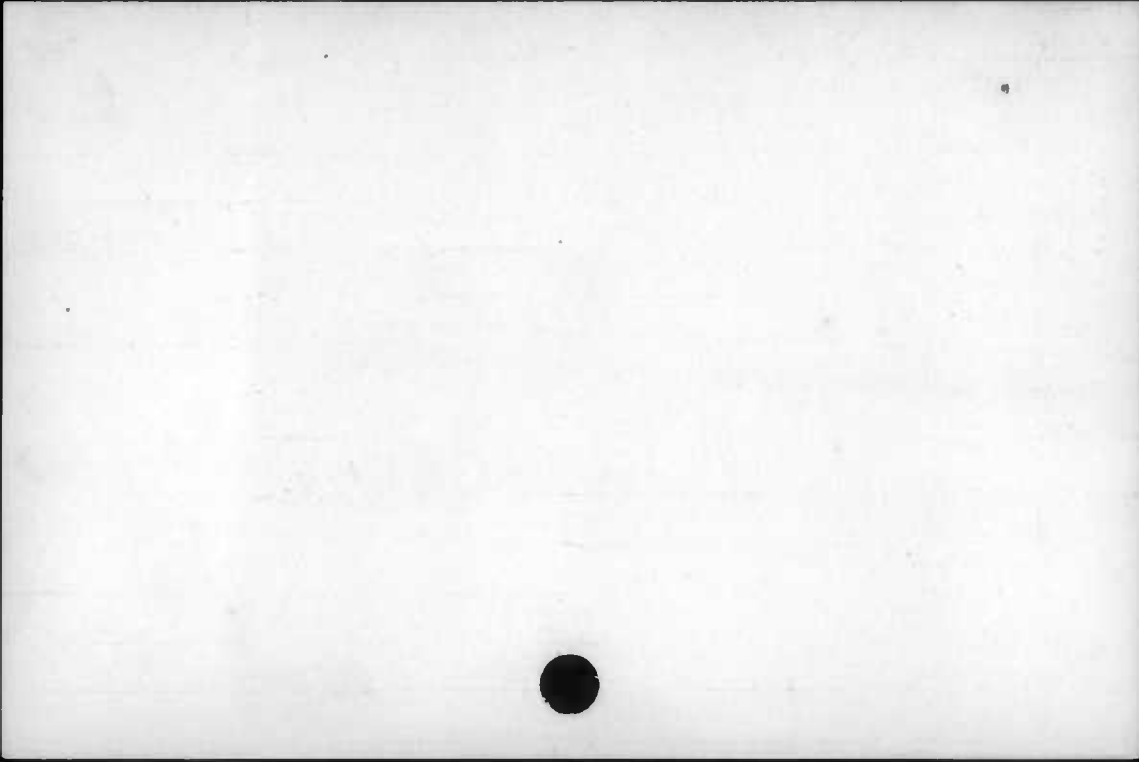
| | | | | | | | |
|---|--|---|--|-----------------------|--|---------------|--|
| Name <i>Mary Harris</i> | | Town <i>Brownsville</i> | | County <i>...</i> | | MARYLAND | |
| Died at | | Month <i>3</i> | | Day <i>14</i> | | Age <i>39</i> | |
| Date of death <i>1900</i> | | Years | | Months | | Days | |
| Sex <i>Female</i> | | Color or Race <i>Col</i> | | Birth-place <i>md</i> | | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Joe Harris</i> | | | | | |
| Father's Name <i>Don't know</i> | | Father's Birthplace <i>Unknown</i> | | | | | |
| Mother's Maiden Name <i>Don't know</i> | | Mother's Birthplace <i>Unknown</i> | | | | | |
| Name of person giving information <i>Joe Harris</i> | | How related to deceased <i>Husband</i> | | | | | |

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

| | | | |
|---|----------------------|--|---------------|
| Primary | <i>Confinement</i> | How long | <i>30 hrs</i> |
| Immediate | <i>Heart failure</i> | How long | <i>1 hr</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Chas D Brook</i> | |
| | | Address <i>Brownsville</i> | |
| Accident or Suicide? | | | |



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Albert Jefferson

CERTIFICATE OF DEATH

MARYLAND

Died at

East Port

County

A. S.

Date

of death

1900 Mar

Day

23d

Age

Years

1

Months

3

Days

4

Sex

Male

Color or
Race

White

Birth-
place

East Port Md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Charles Jefferson

Father's
Birthplace

Balto Md

Mother's
Maiden Name

Winnie Lewis

Mother's
Birthplace

Annapolis

Name of person giving
Information

Winnie Jefferson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Spasm of Glottis

Immediate

Asphyxia

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Am S Welch

Address

Annapolis

Accident or Suicide

—

How long

How long

Quantities

Name
in
Full

Rubie B. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 2nd dist - Anne Arundel County MARYLAND
Date of death 1960 Month 3 Day 27 Age 2 Years 6 Months 6 Days
Sex Female Color or Race White Birth-place Annapolis Md
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____
Father's Name Charles Jones Father's Birthplace Annapolis Md
Mother's Maiden Name Caroline Bell's Mother's Birthplace A.A.C.
Name of person giving Information Charles Jones How related to deceased Father

CAUSES OF DEATH

Primary Whooping Cough How long 4 months
Immediate General & Cardiac Asthenia How long Several weeks
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician Walton H Hopkins M.D.
Address Annapolis Md
Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Louise Anne Kelbough

CERTIFICATE OF DEATH

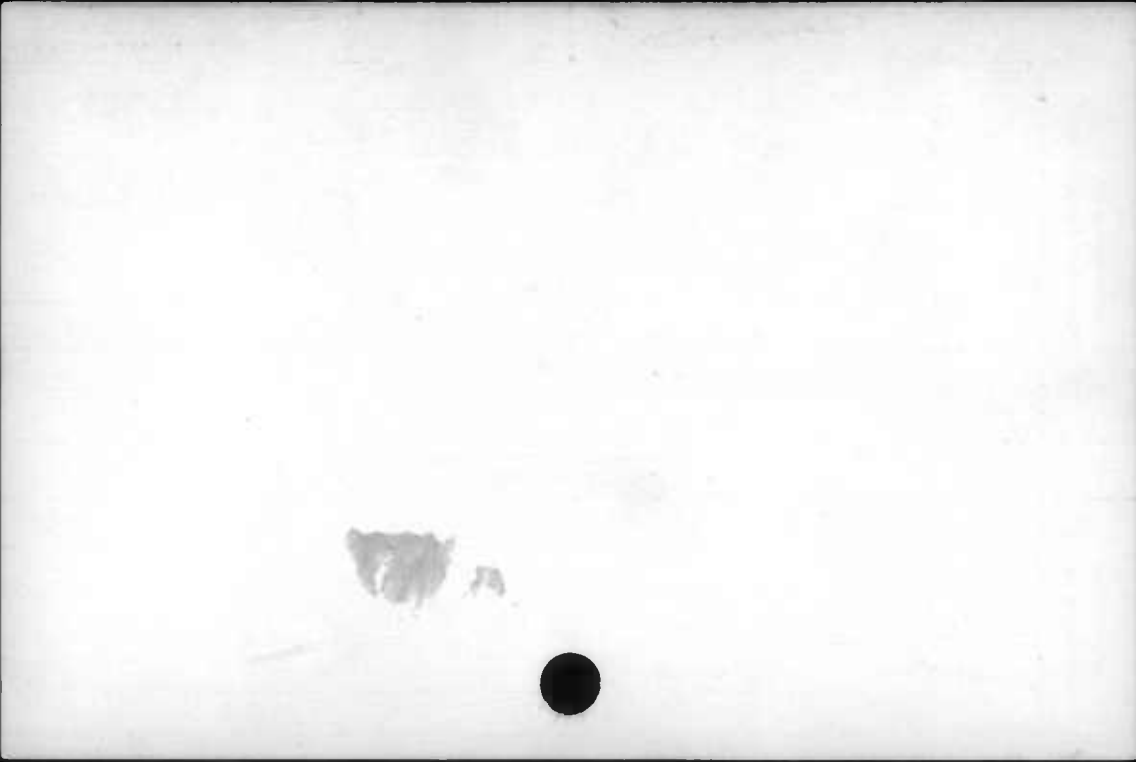
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--|--------------------------------|--------------------------------|------------------------------|
| Died at <i>near</i> <i>Harmans</i> <small>Town</small> | | <i>Anne Arundell</i> <small>County</small> | | MARYLAND | |
| Date of death <i>1980</i> | <i>March</i> <small>Month</small> | <i>16</i> <small>Day</small> | <i>70</i> <small>Years</small> | <i>—</i> <small>Months</small> | <i>—</i> <small>Days</small> |
| Sex <i>female</i> | Color or Race <i>white</i> | Birth-place <i>Maryland</i> | | | |
| Occupation <i>housewife</i> | Where Residing if not at place of death <i>resided at place of death</i> | | | | |
| Married, Single or Widowed <i>Widow</i> | Name of Wife or Husband <i>John Kelbough</i> | | | | |
| Father's Name <i>Enos Shipley</i> | Father's Birthplace <i>Maryland</i> | | | | |
| Mother's Maiden Name <i>Priscilla</i> | Mother's Birthplace <i>Maryland</i> | | | | |
| Name of person giving information <i>Archie Kelbough</i> | How related to deceased <i>Son</i> | | | | |

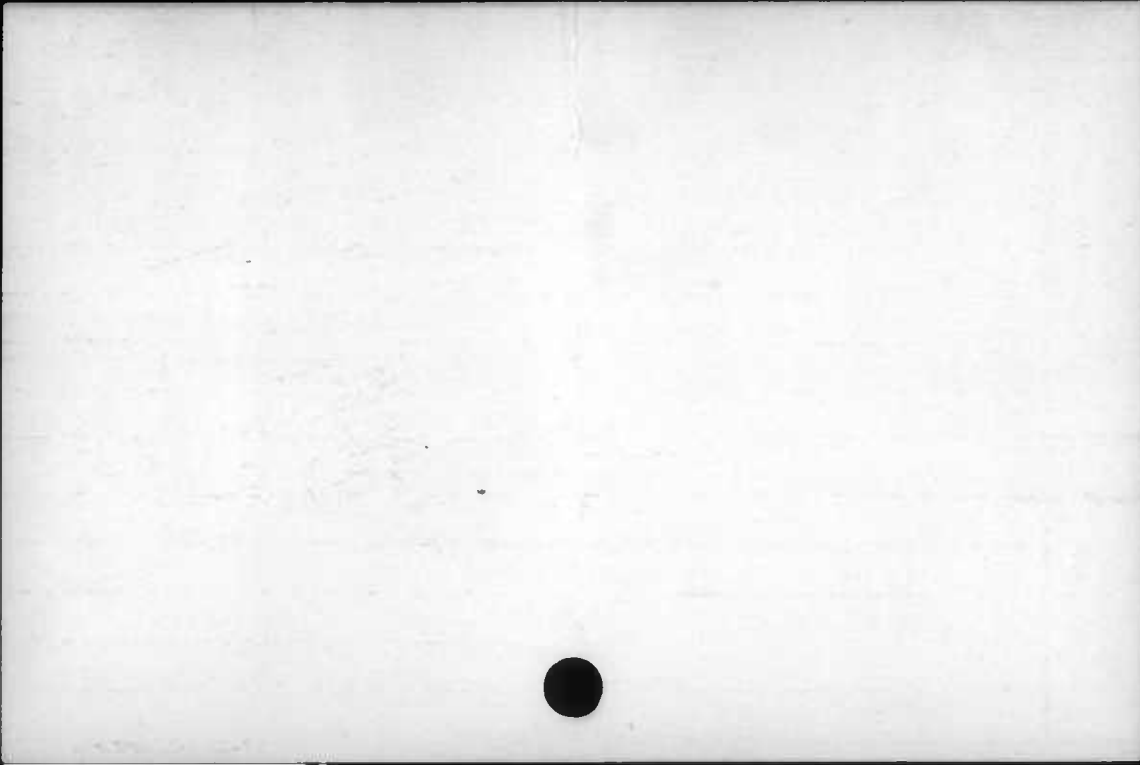
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Debility from age with tuberculosis</i> | How long <i>18 months</i> |
| Immediate <i>same</i> | How long <i>18 months</i> |
| Are the name, age, sex, color, data and place correctly given above? <i>ye</i> | Signature of Physician <i>Arthur Williams</i> |
| | Address <i>Elk Ridge Ind</i> |
| Accident or Suicide. <i>no</i> | |



| Name in Full | | CERTIFICATE OF DEATH | |
|--|--|---|--|
| Baby King, Parole | | Anne Arundel MARYLAND | |
| Died at | | Date of death 1940 | |
| Month | | Day | |
| 10 | | 11 | |
| Age | | Still born | |
| Sex | | Color or Race | |
| Male | | White | |
| Occupation | | Where Residing if not at place of death | |
| Baby | | Parole, Md. | |
| Married, Single or Widowed | | Name of Wife or Husband | |
| Single | | None | |
| Father's Name | | Father's Birthplace | |
| Mr. Bob King | | A. A. Co. Md. | |
| Mother's Maiden Name | | Mother's Birthplace | |
| Mattie E. Leitch | | A. A. Co. Md. | |
| Name of person giving information | | How related to deceased | |
| Mattie E. Leitch King | | Mother | |
| CAUSES OF DEATH | | | |
| Primary | | How long | |
| Still Born | | 8 | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | Louis B. Hunter | |
| Address | | Anne Arundel, Md. | |
| Accident or Suicide? | | | |
| No | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louis C. Lynn

Town

County

MARYLAND

Died at *Annapolis*

St. St.

Date

Month

Day

Years

Months

Days

of death *1970 Mar 11*

Age *55*

Sex

Male

Color or
Race

White

Birth-
place

Va

Occupation

Farmer

Where Residing if not
at place of death

Manassas Va

Married, Single
or Widowed

Married

Name of Wife or
Husband

Roberta Lynn

Father's
Name

Luther Lynn

Father's
Birthplace

Va

Mother's
Maiden Name

Mary Burrell

Mother's
Birthplace

Va

Name of person giving
Information

Laura Sanders

How related
to deceased

Sister

CAUSES OF DEATH

(#7)

(45)

PHYSICIAN
OR CORONER

Primary

Cancer of Pancreas

How long

about year

Immediate

Exhaustion

How long

about week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*J. H. Davis
U.S. Naval Hospital
Annapolis, Md*

Accident or Suicide



| | | | | | | | |
|-------------------------------------|--|-----------------|-----|---|------------------------|-------------------------|-------------|
| Name in Full | | William McHardy | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Eastport | | County | | MARYLAND | |
| | Date of death | 19 | 10 | March | Day | 14 | Age |
| | Sex | Male | | Color or Race | White | | Birth-place |
| | Occupation | Merchant | | Where Residing if not at place of death | | Ann Arundel | |
| | Married, Single or Widowed | Single | | Name of Wife or Husband | | None | |
| | Father's Name | Unknown | | | | Father's Birthplace | Unknown |
| | Mother's Maiden Name | Unknown | | | | Mother's Birthplace | Unknown |
| Name of person giving information | | James M. Ault | | | | How related to deceased | Cousin |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Influenza | | | | How long | 4 days |
| | Immediate | Influenza | | | | How long | " " |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | |
| | | | | | Address | | |
| | | | | | Ann Arundel | | |
| Accident or Suicide? | | No | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Parson* Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death 190 *10* Month *March* Day *21* Age *2* Years *5* Months *5* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Annapolis*

Occupation *Girl* Where Residing if not at place of death *87 North West St.*

~~Married, Single~~ Name of Wife or Husband *Alfred Parson*

Father's Name *Alfred Parson* Father's Birthplace *Harford Co. Md.*

Mother's Maiden Name *Sophia McPherson* Mother's Birthplace *Annapolis*

Name of person giving Information *" "* How related to deceased *Mother*

CAUSES OF DEATH

91

PHYSICIAN
OR CORNER

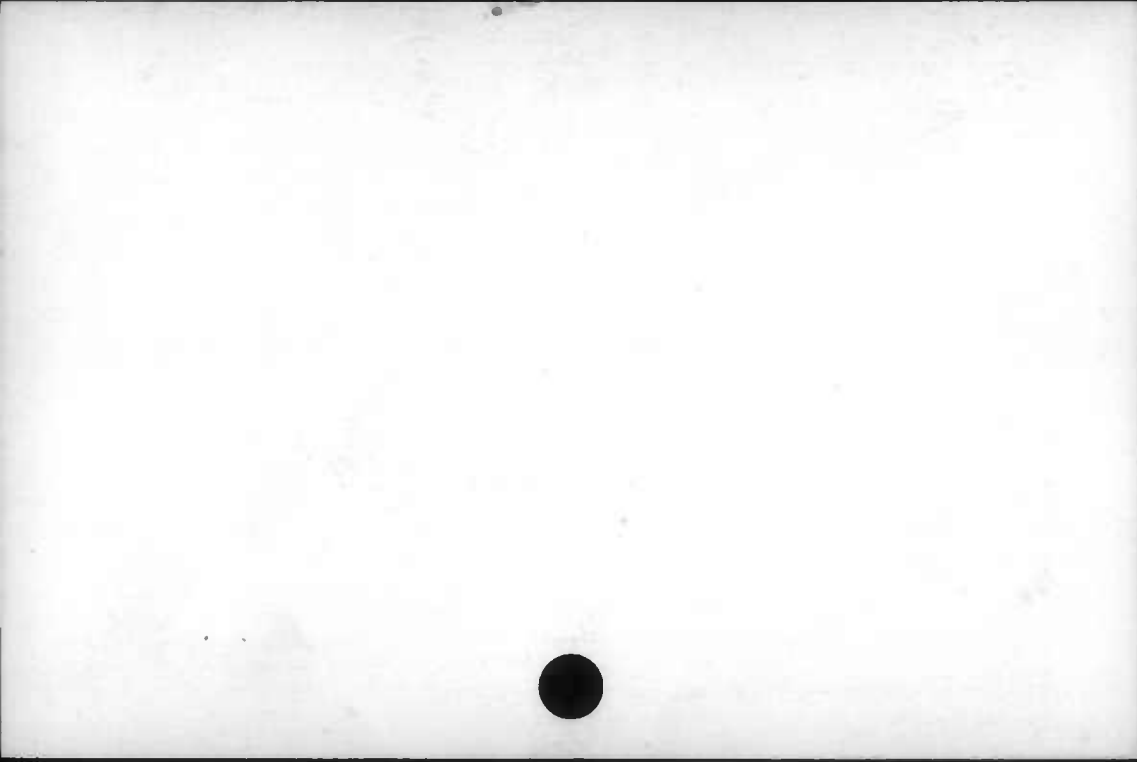
Primary *Broncho - Pneumonia* How long *One week*

Immediate *Exhaustion* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. P. Apple*

Address *600 North West St. Annapolis Md.*

Accident or Suicide *No*



Name
in
Full

Jena Polaski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

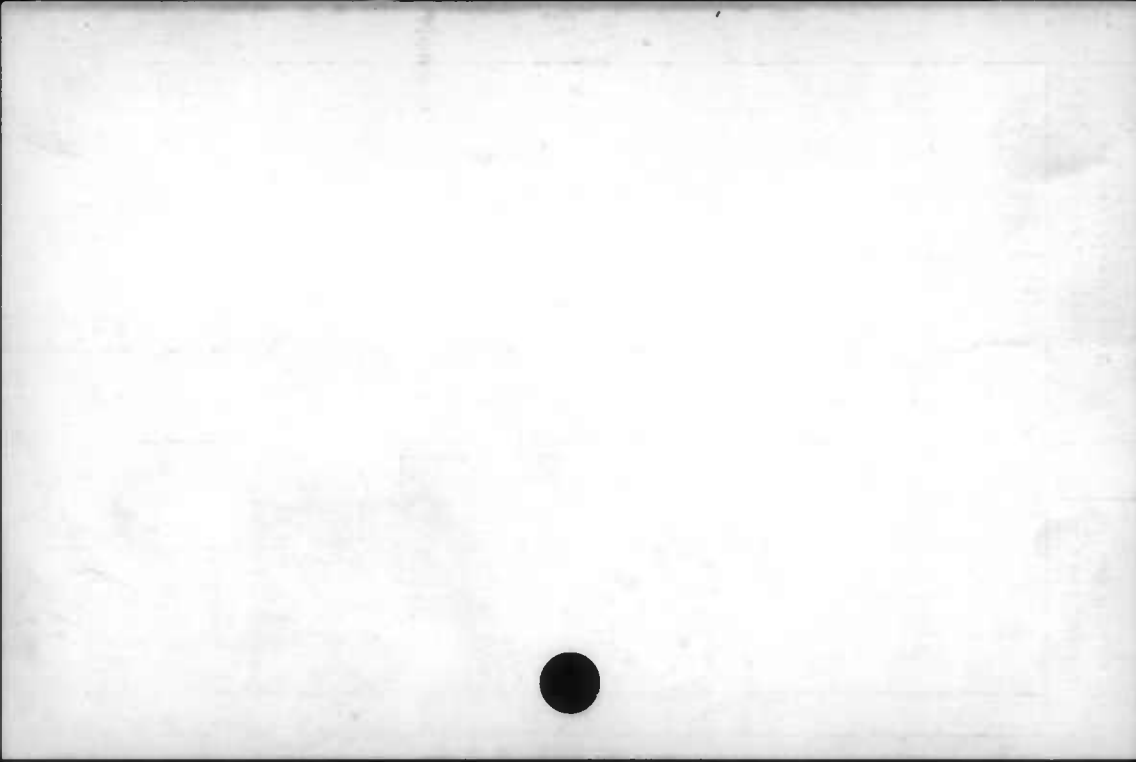
| | | | | | | | | | | | |
|---|--|--|--|---|--|--------|--|-----------------|--|------|--|
| Died at <i>Curtis Bay.</i> | | Town | | <i>A. A. County.</i> | | County | | MARYLAND | | | |
| Date of death <i>1910</i> | | Month <i>3</i> | | Day <i>21</i> | | Age | | Months <i>2</i> | | Days | |
| Sex <i>Female</i> | | Color or Race <i>White.</i> | | Birth-place <i>Md -</i> | | | | | | | |
| Occupation <i>none</i> | | | | Where Residing if not at place of death _____ | | | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband _____ | | | | | | | | | |
| Father's Name <i>Adam Polaski</i> | | Father's Birthplace <i>Russia -</i> | | | | | | | | | |
| Mother's Maiden Name <i>Martha Kiluck</i> | | Mother's Birthplace <i>Germany -</i> | | | | | | | | | |
| Name of person giving Information <i>Adam Polaski</i> | | How related to deceased <i>father.</i> | | | | | | | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Inanition.</i> | How long <i>2 mo -</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, data and place correctly given above? | Signature of Physician <i>C. P. Strauss M.D.</i> |
| | Address <i>1606 Light St - Baltimore Md -</i> |
| Accident or Suicide | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Agustus Cassandra Proutt
 Died at ^{Town} Shady Side ^{County} Anne Arundel **MARYLAND**
 Date of death 1900 ^{Month} March ^{Day} 9th. ^{Age} 64 ^{Years} 9 ^{Months} 7 ^{Days} 7
 Sex Female ^{Color or Race} white ^{Birth-place} A. A. Co.
 Occupation Housewife ^{Where Residing if not at place of death}
 Married, Single or Widowed married ^{Name of Wife or Husband} John Proutt.
 Father's Name Levi Thomas Webb ^{Father's Birthplace} A. A. Co.
 Mother's Maiden Name Margaret Ann Shapart ^{Mother's Birthplace} A. A. Co.
 Name of person giving Information John Proutt. ^{How related to deceased} Husband.

CAUSES OF DEATH

Primary General Arterio-sclerosis
 mitral insufficiency
 Immediate Heart Failure

How long

10 yrs +

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

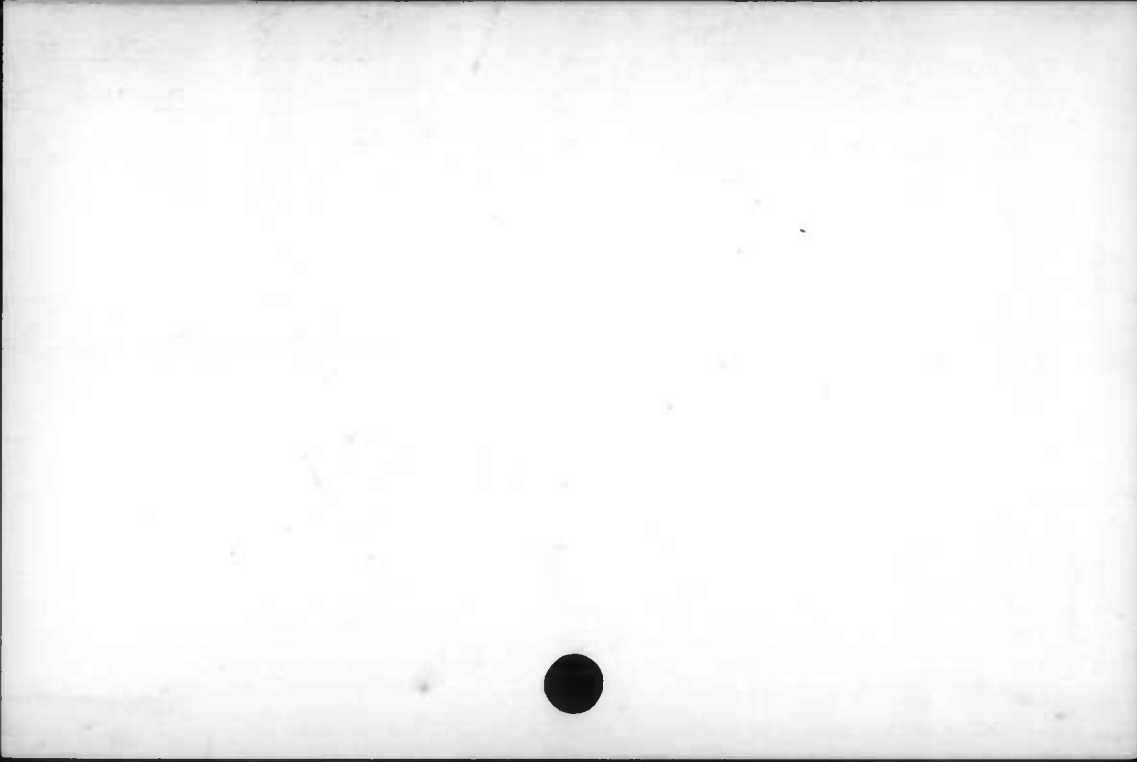
Signature of Physician

Address

G. P. W. Wilson
 Churchton, Ind.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

William Simms
Town County

CERTIFICATE OF DEATH

Died at Germantown a. a. 20 MARYLAND

Date of death 1910 March 30 Age 52 Months Days

Sex Male Color or Race Colored Birth-place South River

Occupation Laborer Where Residing if not at place of death Germantown

Married, Single or Widowed married Name of Wife or Husband Mary Simms

Father's Name Perry Simms Father's Birthplace South River

Mother's Maiden Name Prile Simms Mother's Birthplace South River

Name of person giving Information Mary Simms How related to deceased Wife

CAUSES OF DEATH

Primary Acute Phthisis

How long

Immediate Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above? Yes

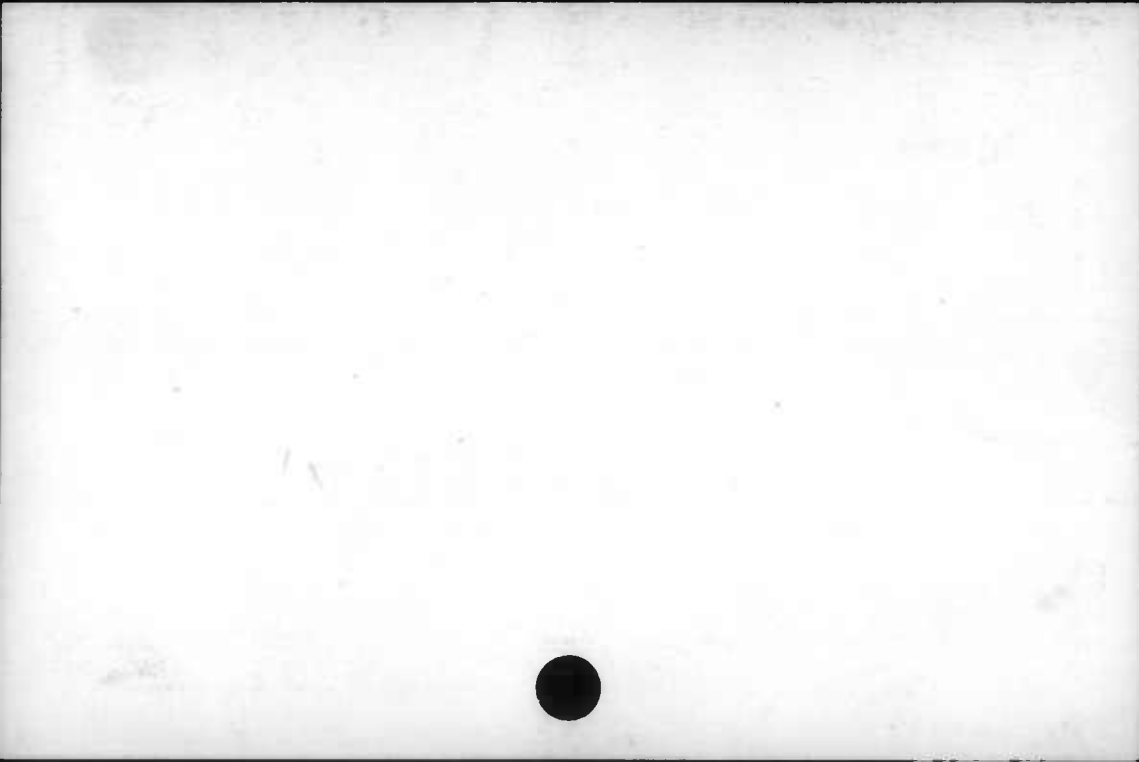
Signature of Physician J. M. Storch

Address

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

Edith Sisco

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

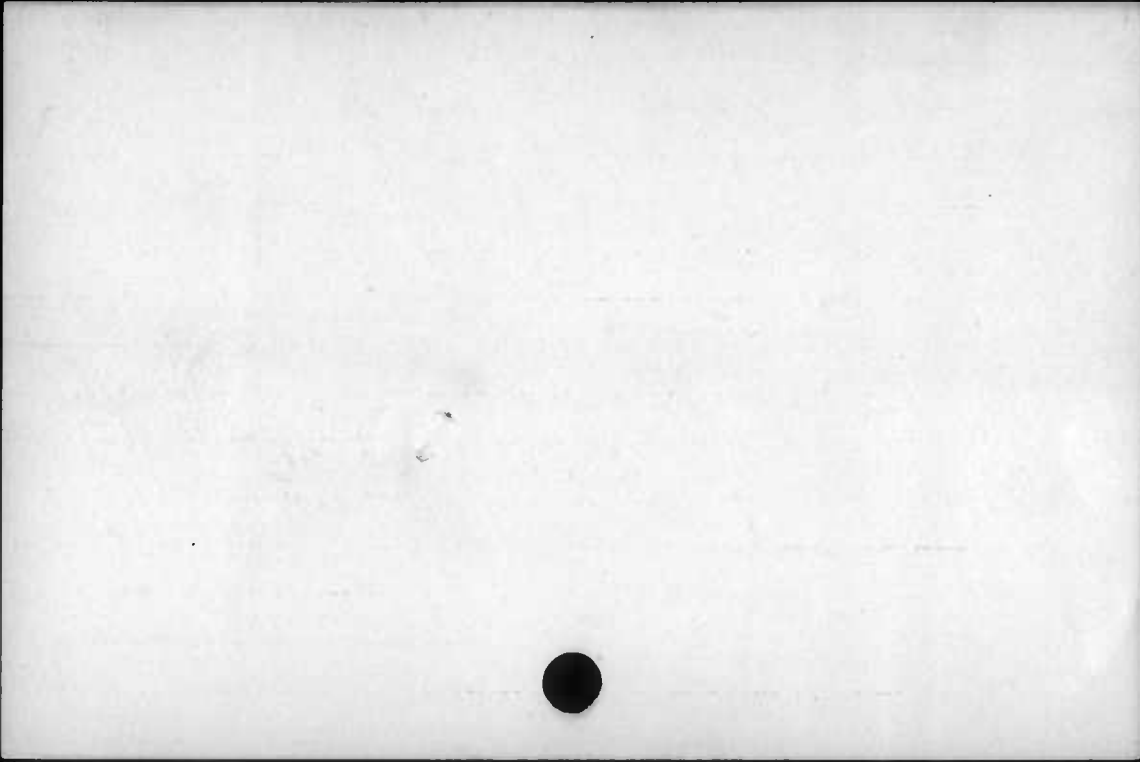
| | | | | | |
|--|---|----------------------------|-------------------------|----------|---------------------------------|
| Died at <i>Jessup</i> Town | | <i>Anne Arundel</i> County | | MARYLAND | |
| Date of death | 19 <i>60</i> | Month <i>3</i> | Day <i>20</i> | Age | <i>One</i> Months <i>7</i> Days |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>Ind.</i> | | |
| Occupation <i>Infant</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Stephen Chew</i> | Father's Birthplace <i>Ind</i> | | | | |
| Mother's Maiden Name <i>Susan Sisco</i> | Mother's Birthplace <i>"</i> | | | | |
| Name of person giving information <i>J. A. Green</i> | How related to deceased <i>Uncle</i> | | | | |

CAUSES OF DEATH

39 ✓

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Hereditary Syphilis</i> | How long <i>5 week</i> |
| Immediate <i>Syphilis</i> | How long <i>2 week</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>R. A. Hammond</i> |
| | Address <i>Jessup Ind.</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

Sarah Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Shady Side ^{Town} A. A. ^{County} MARYLAND
Date of death 1940 ^{Month} Mar ^{Day} 21 Age 72 ^{Years} — ^{Months} — ^{Days} —
Sex Female Color or Race Colored Birth-place Ind
Occupation None Where Residing if not at place of death —
Married, Single or Widowed Widow Name of Wife or Husband Thos. Smith
Father's Name Thomas Burk Father's Birthplace Ind
Mother's Maiden Name Hester Coats Mother's Birthplace Ind
Name of person giving Information Edward Smith How related to deceased Son

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long Unknown
Immediate Exhaustion How long 6 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

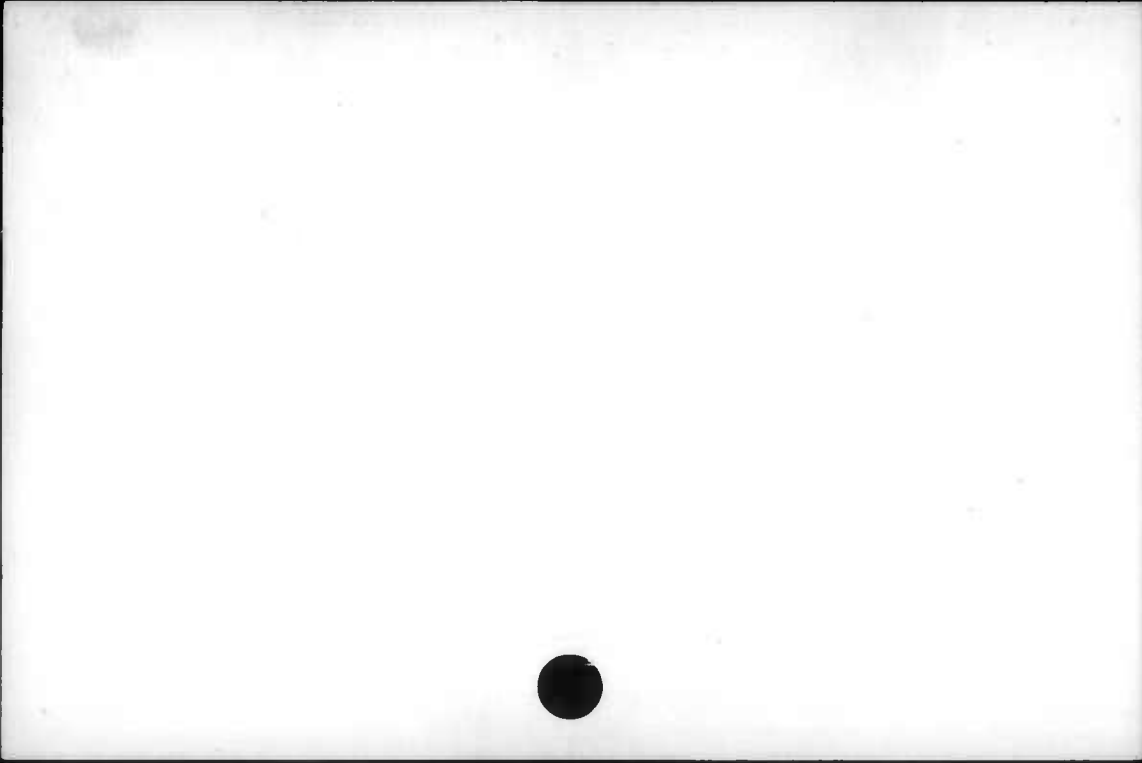
Address

Geo. T. Smith M.D.
Churckton

Accident or Suicide

PHYSICIAN
OR CORONER

17



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

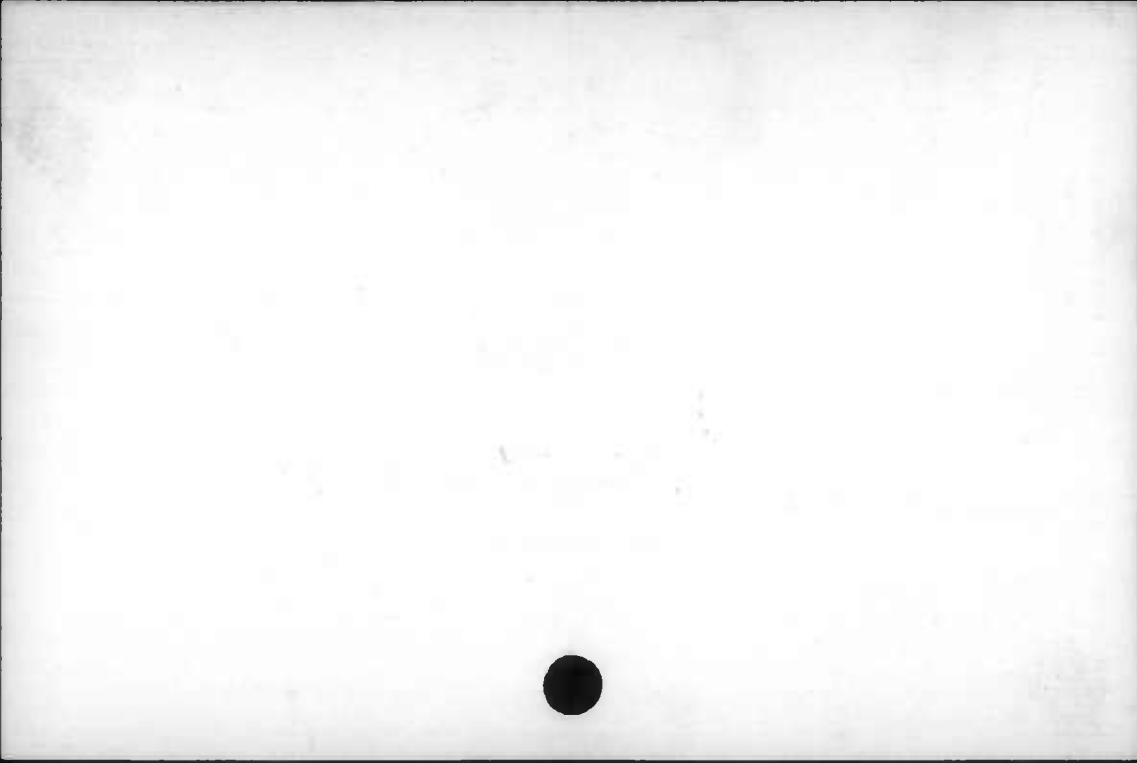
| | | | | | | | |
|---|--|--|--|--|--|-----------------------|--|
| Name <i>Jeremiah Stewart</i> | | Town <i>Mc Cuttensville</i> | | County <i>Anne Arundel</i> | | State <i>MARYLAND</i> | |
| Died at <i>Mc Cuttensville</i> | | Month <i>Mar</i> | | Day <i>24</i> | | Age <i>5</i> | |
| Date of death <i>1900</i> | | Years <i>5</i> | | Months <i>11</i> | | Days <i>-</i> | |
| Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Anne Arundel Co</i> | | | |
| Occupation <i>—</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Jeremiah Stewart</i> | | | | Father's Birthplace <i>Anne Arundel Co</i> | | | |
| Mother's Maiden Name <i>Abbie Edwards</i> | | | | Mother's Birthplace <i>Anne Arundel Co</i> | | | |
| Name of person giving Information <i>James Jacobs</i> | | | | How related to deceased <i>Friend</i> | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Tuberculosis</i> | How long <i>One year</i> |
| Immediate <i>Exhaustion</i> | How long <i>Immediate</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>James P. Billingsley M.D.</i> |
| | Address <i>Post registrar 312 dist. A. A. Co. Md</i> |
| Accident or Suicide <i>No</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Chris Teodor* Town *Woodwardville* County *Anne Arundel* MARYLAND

Died at *Woodwardville* *Anne Arundel*

Date of death *1940* Month *March* Day *16* Age *17* Years *7* Months *7* Days

Sex *male* Color or Race *white* Birth-place *Hamburg Germany*

Occupation *Labour* Where Residing if not at place of death *Woodwardville*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Hanz Theodore* Father's Birthplace *Not known*

Mother's Maiden Name *Margareth* Mother's Birthplace

Name of person giving Information *Jacob Meyer* How related to deceased *none*

CAUSES OF DEATH

Primary *Crushed by tree falling on him* How long *145* *1*

Immediate *Four hours & 30 min*

Are the name, age, sex, color, date and place correctly given above?

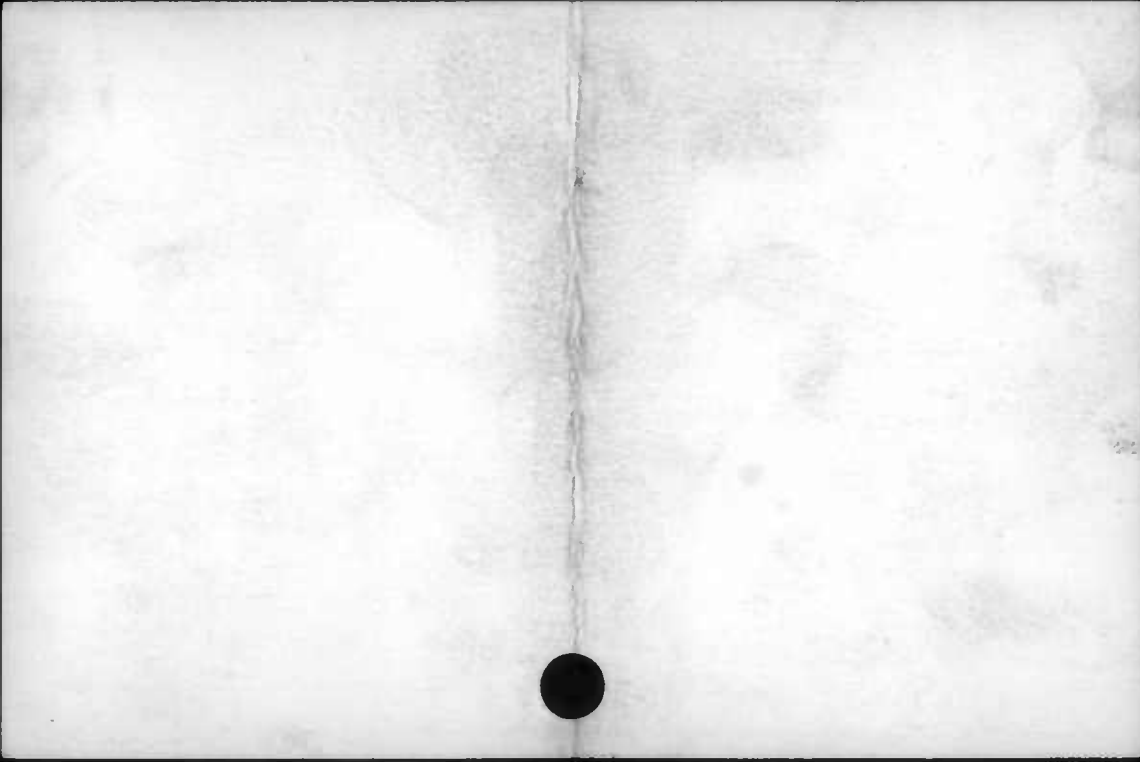
yes

Signature of Physician

Address

Leester L. Dancy Justice of the Peace
Odenton a co
Maryland

Accident or ~~suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret E. Terry

Town

County

Died at

Annapolis

A. A.

MARYLAND

Date

of death 1900

Month

Mar

Day

15th

Age

Years

Months

Days

5

Sex

Female

Color or
Race

White

Birth-
place

Annapolis Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Mr. Milton Terry

Father's
Birthplace

N. Y.

Mother's
Maiden Name

Mrs. Kate Smith

Mother's
Birthplace

London Eng

Name of person giving
Information

Mr. Milton Terry

How related
to deceased

Father

CAUSES OF DEATH

85

Primary

Internal Hemorrhage (Autopsy)

How long

3 days

Immediate

Cerebral Anemia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Walton H. Hopkins MD

Address

Annapolis Md.

PHYSICIAN
OR CORONER

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|--------------------------------|--|---------------|--|
| Died at <i>Darichville</i> | | Town <i>a</i> | | County <i>a</i> | | MARYLAND | |
| Date of death <i>1900</i> | | Month <i>march</i> | | Day <i>24</i> | | Age <i>89</i> | |
| Sex <i>Male</i> | | Color or Race <i>Black</i> | | Birth-place <i>Darichville</i> | | | |
| Occupation <i>Farmer</i> | | Where Residing If not at place of death <i>- -</i> | | | | | |
| Married, Single or Widowed <i>married</i> | | Name of Wife or Husband <i>Millie Turner</i> | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Unknown</i> | | | | | |
| Name of person giving Information <i>Thomas Turner</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONER

| | | | |
|---|--|--|--|
| Primary <i>Heart Disease</i> | | How long <i>Years</i> | |
| Immediate <i>Chic</i> | | How long <i>2 days</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>B R Davidson</i> | |
| | | Address <i>Darichville, Md.</i> | |
| Accident or Suicide | | | |



Name
in
Full

Elsie Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

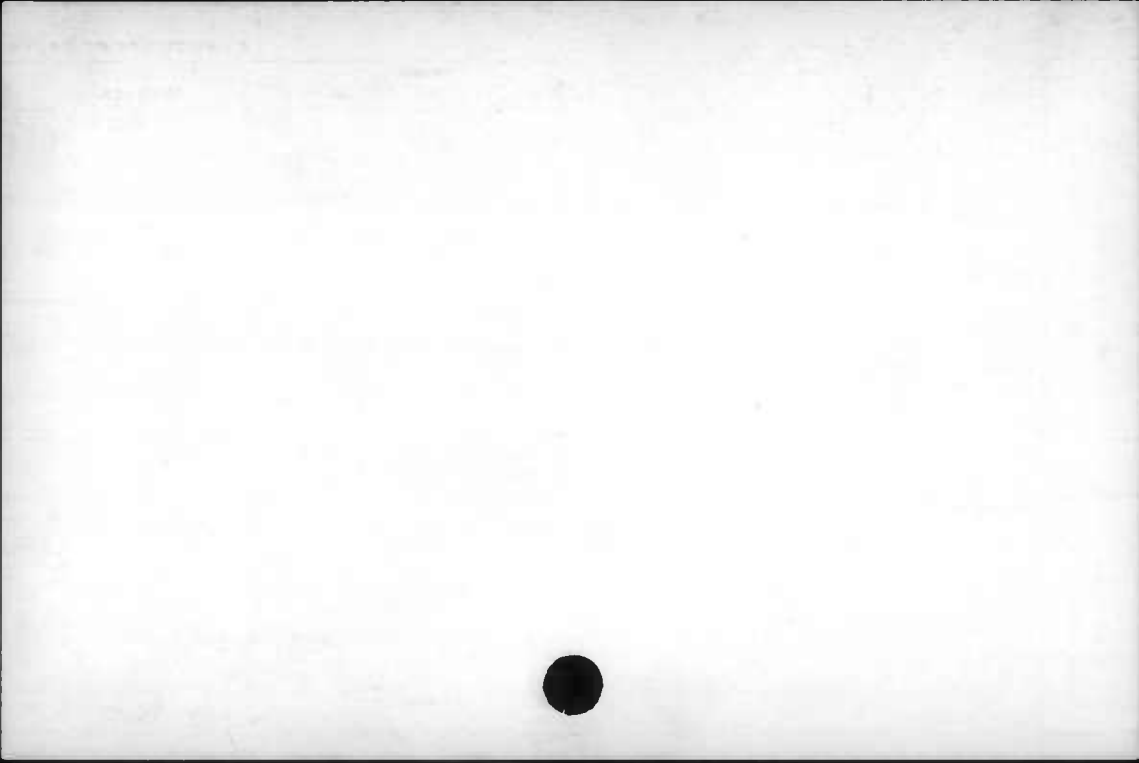
| | | | | | |
|--|-------------------------------|---------------------------------------|---|----------------------------|--------------------------|
| Died at <u>Friendship</u> ^{Town} | | <u>Anne Arundel</u> ^{County} | | MARYLAND | |
| Date of death 19 <u>00</u> | <u>March</u> ^{Month} | <u>6</u> ^{Day} | Age <u>0</u> ^{Years} | <u>0</u> ^{Months} | <u>7</u> ^{Days} |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Ind.</u> | | | |
| Occupation _____ | | | Where Residing if not at place of death _____ | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband _____ | | | |
| Father's Name <u>Benjamin Ward</u> | | Father's Birthplace <u>Ind.</u> | | | |
| Mother's Maiden Name <u>Mamie Hardesty</u> | | Mother's Birthplace <u>Ind.</u> | | | |
| Name of person giving Information <u>Benjamin Ward</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Icterus Neonatorum</u> | How long <u>4 days</u> |
| Immediate <u>Convulsions</u> | How long <u>1 day</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>A. H. Perri</u> |
| | Address <u>West Endree</u> |
| Accident or Suicide | <u>Ind.</u> |



Name
in
Full

Thomas A Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|---|--|---|--|
| Died <u>near Wheelham</u> ^{Town} | | <u>Anne Brunel</u> ^{County} | | MARYLAND | |
| Date of death 19 <u>60</u> ^{Month} <u>March</u> ^{Day} <u>28</u> | | Age <u>66</u> ^{Years} | | ^{Months} <u> </u> ^{Days} <u> </u> | |
| Sex <u>Male</u> | | Color or Race <u>Colored</u> | | Birth-place <u>Anne Brunel College</u> | |
| Occupation <u>Team hand</u> | | Where Residing if not at place of death <u>next to place of death</u> | | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>Mary Warren</u> | | | |
| Father's Name <u>William Warren</u> | | Father's Birthplace <u>Anne Brunel College</u> | | | |
| Mother's Maiden Name <u>Sniah Coats</u> | | Mother's Birthplace <u>Anne Brunel College</u> | | | |
| Name of person giving Information <u>Edward Warren</u> | | How related to deceased <u>Son</u> | | | |

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

| | | |
|---|--|---|
| Primary <u>Grip with Pleuro-Pneumonia</u> | | How long <u>7 days</u> |
| Immediate <u>Exhaustion</u> | | How long <u>2 days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>E R Winters</u> |
| | | Address <u>Hanover Maryland</u> |
| Accident or Suicide <u> </u> | | |



Name
in
Full

Whelan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

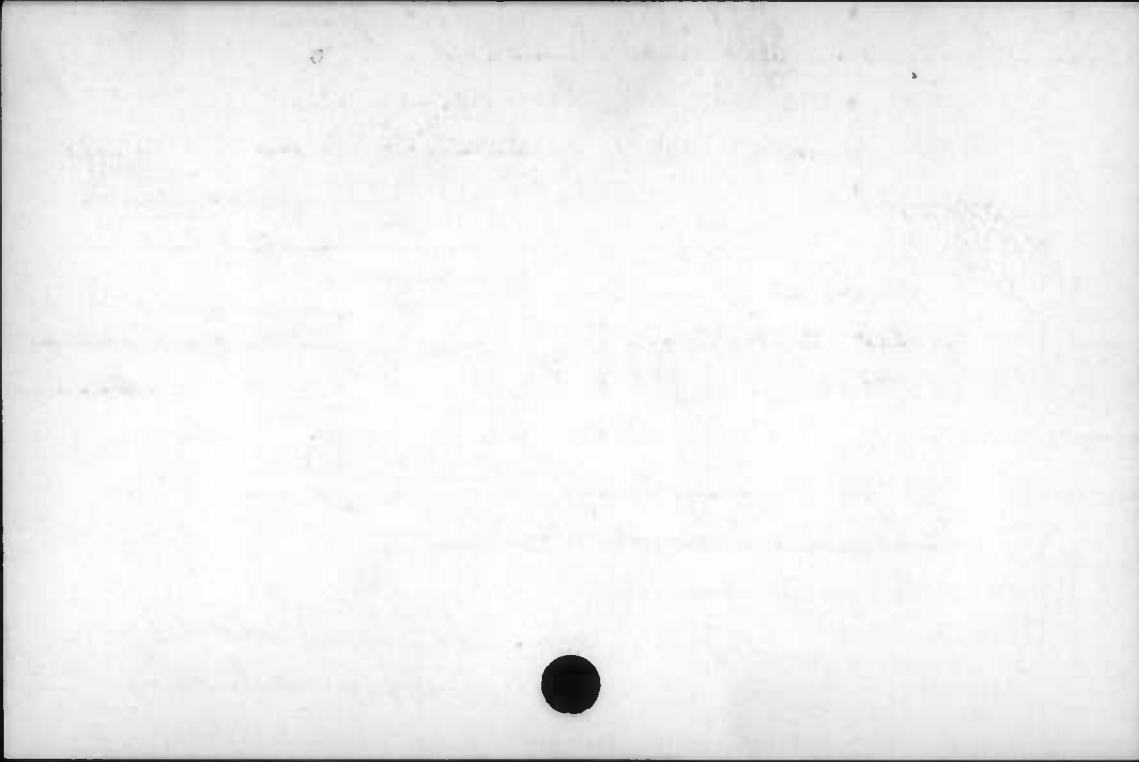
| | | | | | | | |
|---|------|-------------------|---|-------------------------|---|----------|-------|
| Died at | | Town | | County | | State | |
| Baltimore | | Baltimore | | a | | MARYLAND | |
| Date of death | 1940 | Month | 3 | Day | 7 | Age | Years |
| Sex | | Male | | Color or Race | | White | |
| Occupation | | | | Birth-place | | Md | |
| Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | | |
| Father's Name | | Steenly S Whelan | | Father's Birthplace | | Md | |
| Mother's Maiden Name | | Iris M. Palmsteth | | Mother's Birthplace | | Md | |
| Name of person giving information | | Mother | | How related to deceased | | | |

CAUSES OF DEATH

8 ✓

PHYSICIAN
OR CORONER

| | | | |
|--|------------|-----------------|--|
| Primary | Still Born | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | Chas. D. Provie | |
| Address | | Brooklyn | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

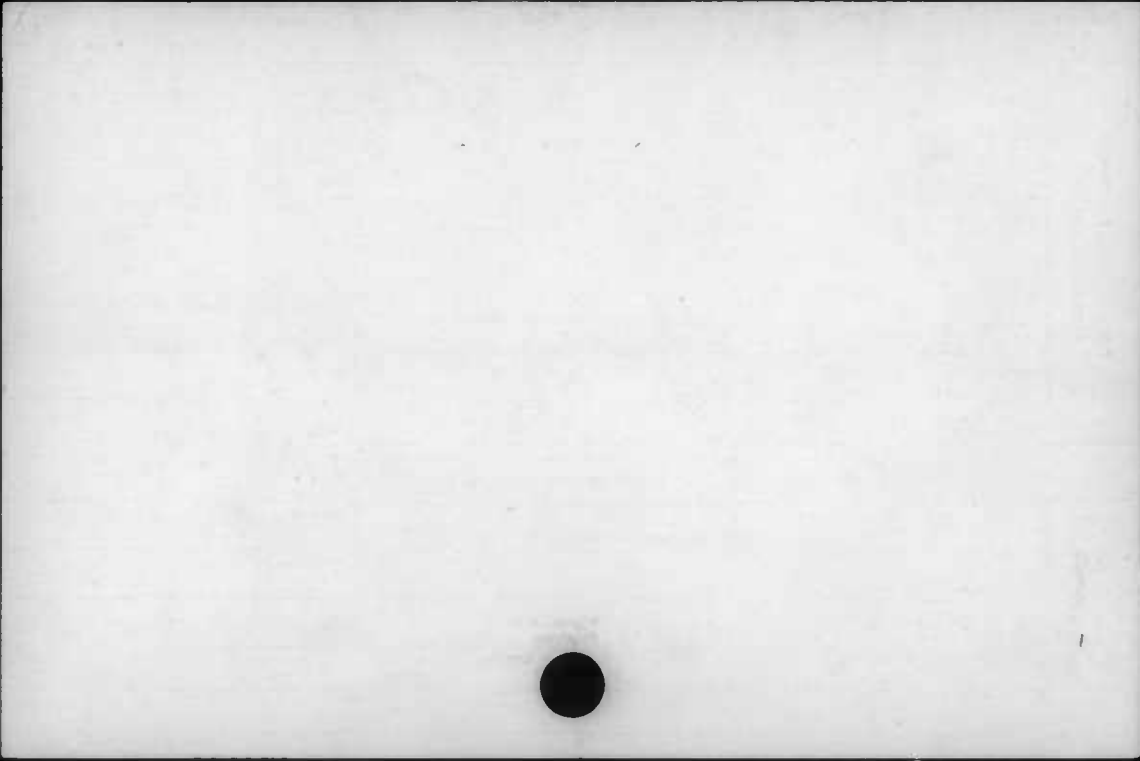
Annin Eliza Whittington
Town *Annapolis* County *Anne Arundel* MARYLAND
Died at
Date of death *1900* Month *March* Day *4th* Age *Twenty 1/2* Years Months _____ Days _____
Sex *Female* Color or Race *White* Birth-place *Annapolis*
Occupation *None* Where Residing if not at place of death *Annapolis*
Married, Single or Widowed *Single* Name of Wife or Husband _____
Father's Name *J. W. Whittington* Father's Birthplace *Annapolis*
Mother's Maiden Name *Hannah White* Mother's Birthplace *Annapolis*
Name of person giving Information *J. S. Whittington* How related to deceased *Bro*

CAUSES OF DEATH

79 ✓

Primary *Valvular Heart Disease* How long *Unknown*
Immediate *Dyspnoea* How long _____
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Wm S Welch*
Address *Annapolis*
Accident or Suicide _____

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Woodard* Town *Arnolds* County *Anne Arundel* MARYLAND
Died at *Arnolds*
Date of death 19*40* Month *March* Day *29* Age *65* Years Months Days
Sex *Male* Color or Race *Colored* Birth-place *Virginia*
Occupation *Farmer* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Marquiste Woodard*
Father's Name *Moses Woodard* Father's Birthplace *Virginia*
Mother's Maiden Name *Marquiste Giles* Mother's Birthplace *Baltimore*
Name of person giving Information *Richard Woodard* How related to deceased *Son*

CAUSES OF DEATH

120

✓

PHYSICIAN
OR CORONER

Primary *Chronic Brights* How long *Two years*
Chemia How long *24 hrs.*
Immediate
Are the name, age, sex, color, data and place correctly given above?
Signature of Physician *Los. C. Joyce M.D.*
Address *Arnolds Md.*
Accident or Suicide

